

Name In Full

Certificate of Death

James M. Anderson.

Died at Phoscopy Town Baths County MARYLAND

Date 1903 Month June Day 3 Age 70 Y. 2 M. - D. - Native of Maryland Occupation Farmer

Male White Married Widow ~~Unwed~~  
 Female Colored ~~Single~~ Widower Number of children living 3

Husband of Mary E. Spangha  
 Wife of John Anderson Mother's Sarah Fuller  
 Father's Name John Anderson Maiden Name Sarah Fuller

Cause of Death { Primary Acute Indigestion How long sick One hour  
 Immediate Cardiac Hypertrophy  
Organic Kidney Disease ~~Accident, Suicide, Homicide~~

Reported by Dr. C. A. ThompsonAddress Phoscopy, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

5-1

Died at *Infant* Town *Blenheim* County *Baltimore* MARYLAND

Date 19 *03* Month *June* Day *4* Age *One* Y. M. D. Native of *Md* Occupation

Male *White* Married  Widow  Divorced

~~Female~~ *Colored* ~~Single~~ ~~Widower~~ *Number of children living*

Husband of

Wife

Father's Name *Unknown* Mother's Maiden Name *Lilie Anderson*

Cause of Death { Primary *Unknown* How long sick

Death { Immediate *11* Accident, Suicide, Homicide *151*

Reported by *Glade Bros. & Co. Undertakers*

Address *Long Green Balto. Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Joseph Balling

## CERTIFICATE OF DEATH

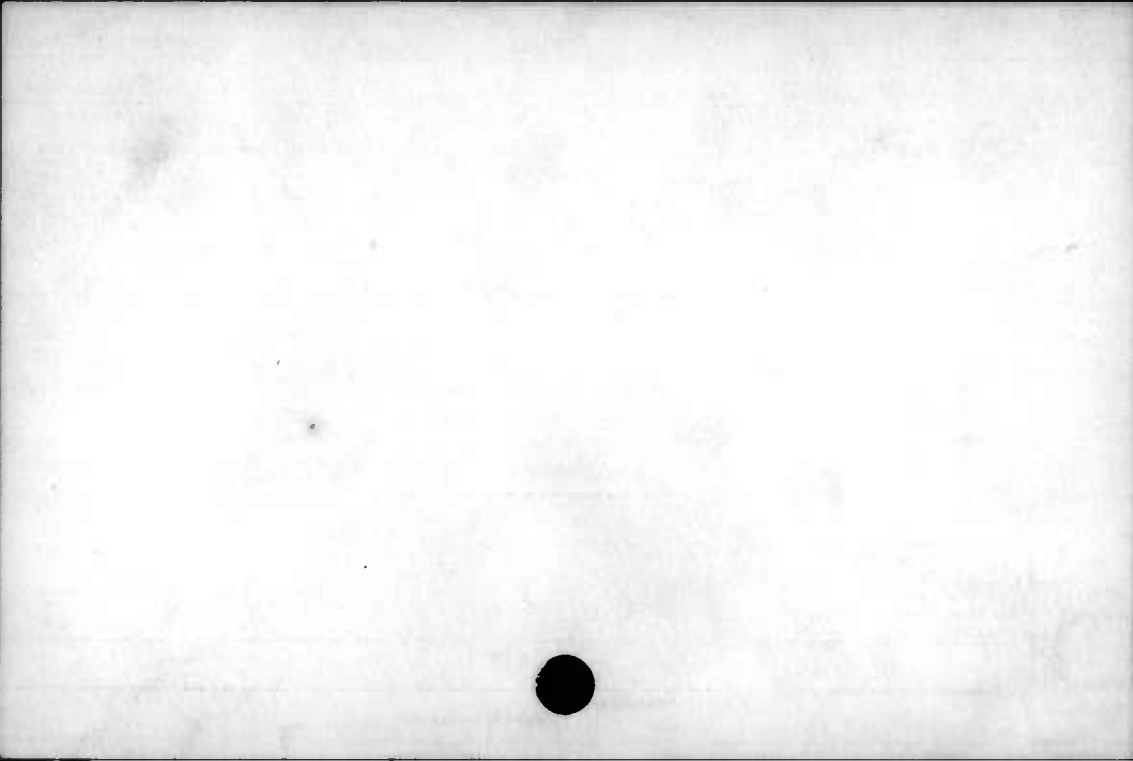
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>201 Dallas St Canton</u>		County <u>Baldwin</u>		MARYLAND	
Date of death 1903	Month <u>June</u>	Day <u>4</u>	Age <u>1902</u>	Months <u>7</u>	Days <u>22</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>201 Dallas St</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>nothing</u>		
Name of Wife or Husband <u>M. Balling</u>					
Father's Name <u>J. Balling</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>M. Bartz</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>mother</u>			How related to deceased <u>Sons</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>artificial feeding</u>	How long <u>105</u>
Immediate	<u>Choked by food</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. Melvin</u>
		Address <u>[Redacted]</u>
Accident or Suicide? <u>no</u>		



Name  
in  
Full

Daniel Bartell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Colgeta Creek* <sup>Town</sup>*Bald* <sup>County</sup>

MARYLAND

Date of death 190 *3* <sup>Month</sup> *6* <sup>Day</sup> *19*Age *1* <sup>Years</sup>Months *—*Days *—*Sex *Male*

Color or Race

*White*

Birth-place

*Ind*

Married, Single or Widowed

*Single*

Occupation

*—*

Name of Wife or Husband

Father's Name

*Jacob Bartell*

Father's Birthplace

*Pa*

Mother's Maiden Name

*Minnie Clark*

Mother's Birthplace

*D.C.*

Name of person giving information

*Jacob Bartell*

How related to deceased

*Father*

## CAUSES OF DEATH

Primary

*Convulsions*

How long

*12 hours*

Immediate

*Choking*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*J. C. Schofield*  
*Highland**g*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Michael Baum

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rose Bank shore		County Baltimore		MARYLAND	
Date of death 1903	Month June	Day 10 <sup>th</sup>	Years Age 26		Months —		Days —
Sex Male		Color or Race White		Birth- place Baltimore Md			
Married, Single or Widowed Single				Occupation			
Name of Wife or Husband —							
Father's Name John Baum				Father's Birthplace Germany			
Mother's Maiden Name Maggie Elrich				Mother's Birthplace Germany			
Name of person giving in formation Mary Baum				How related to deceased Sister in law			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Accidental Drowning 172	How long —
Immediate	Accidental Drowning	How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
9		216 O'Donnell st Baltimore Md
Accident or Suicide? <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide		

St Alphonsus Cemetery

June 13<sup>th</sup> 1903

Germanus France

Undertaken

Name  
in  
Full

*Joseph E Baxter*

CERTIFICATE OF DEATH

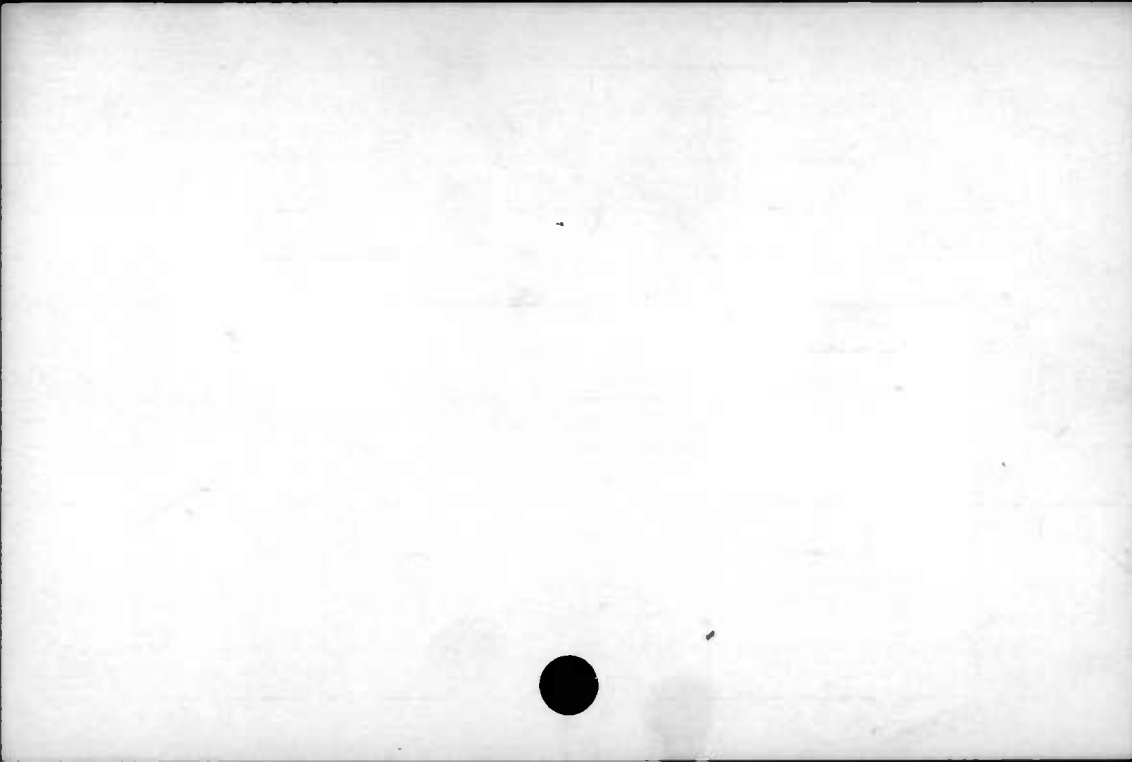
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gray's</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>21</i>	Age <i>65</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Va</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Housekeeper</i>				
Name of Wife or Husband <i>None</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>Va</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Dr J Fittschoff MD</i>			How related to deceased <i>Physician</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>120</i>	<i>2 years</i>
Immediate <i>Cardiac Dehiscence</i>	How long <i>2 mo</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr J Fittschoff</i>	
	Address <i>1130 W 2nd Fayette ave Baltimore</i>	
Accident or Suicide? <i>No</i>		



Name  
in  
Full

Peter Bear

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month 6	Day 7	Age		Months	Days
Sex Male		Color or Race White		Birth-place Germany			
Married, Single or Widowed		Married		Occupation		Car inspector	
Name of Wife or <del>Husband</del>		Margaret Greuner					
Father's Name		don't know				Father's Birthplace	
Mother's Maiden Name		don't know				Mother's Birthplace	
Name of person giving information		Margaret Bear 69				How related to deceased wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long to Insultation
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Epilepsy

Case to Insultation  
 (on Feb. 22, 1903) as chronic case  
 Dr. Theo. C. Bussey  
 Texas  
 Md.

Sacred Heart Cemetery

Germanus Franke

Undulator

Name  
in  
FullNapoleon Bonaparte  
Baltimore, Co. Annapolis

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

3

Month

6

Day

9

Years

80

Age

Months

Days

Sex

male

Color or  
Race

negro

Birth-  
place

Virginia

~~Married, Single~~  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

Paralysis

How long

about 2 mos.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianDr. Thos. C. Bussey  
Texas  
md.

Address

Accident or Suicide?

9

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

To be buried at  
Goughs chapel on Thursday  
11. by me A W Evers



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Mary E. Bosley</b>		Town <b>Lutherville</b>		County <b>Baltimore</b>		MARYLAND	
Died at		Date of death 1903		Month <b>June</b>		Day <b>3</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Age <b>52</b>		Years <b>52</b>	
Married, Single or Widowed <b>Widow</b>		Birth-place <b>Baltimore Md</b>		Occupation		Months	
Name of <del>Wife</del> Husband <b>John G. Bosley</b>		Father's Name <b>Edw. C. Talbot</b>		Father's Birthplace <b>Balto Md.</b>		Mother's Birthplace <b>Balto Md.</b>	
Mother's Maiden Name <b>J. Ellen Bosley</b>		Name of person giving information <b>J. Frederick C. Talbot</b>		How related to deceased <b>Brother</b>		Days	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pneumonia</b>		How long <b>15 Days</b>	
Immediate <b>Paralysis</b>		How long <b>4 Days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. Chalmers Peebles M.D.</b>	
Address <b>Lutherville Md</b>		Accident or Suicide?	



Name in Full		Ruth Alice Bowen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Evergreen		County Baltimore		MARYLAND	
	Date of death 190	3	Month June	10	Day	Age —	Months Four
					Years		Days 25
	Sex	Female		Color or Race	White		Birth-place Evergreen
	Married, Single or Widowed	✓			Occupation	✓	
	Name of Wife or Husband	✓					
	Father's Name	Augustus Bowen				Father's Birthplace	Balto. Co.
Mother's Maiden Name	Kate Colwell				Mother's Birthplace	Balto. Co.	
Name of person giving information	Father. A. Bowen				How related to deceased	Father.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Marasmus				How long	3 mos.
	Immediate	Convulsions - Exhaustion				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	L. Gibbons Smart
						Address	Roland Park
	Accident or Suicide?	✓ 9					

Wm E Chenoweth & Son

St Marys Poland <sup>P. E. L.</sup> Ave

Name  
in  
Full

George Pleasant-Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Shane</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>			
Date of death 190	<u>3</u>	Month <u>June</u>	Day <u>27</u>	Age <u>2</u> <sup>Years</sup>	Months <u>7</u> Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>William D. Brown</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Emma Bull</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Henry Johnson</u> <sup>28</sup>			How related to deceased <u>Friend</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tubercular Meningitis</u>	How long	<u>12 hours</u>
Immediate	<u>Tubercular Meningitis</u>	How long	<u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. Millard Stirling M.D.</u>	
		Address <u>Shane</u>	
Accident or Suicide? <u>9</u>		<u>no</u>	



Name  
in  
Full

Elizabeth Ann Burton

## CERTIFICATE OF DEATH

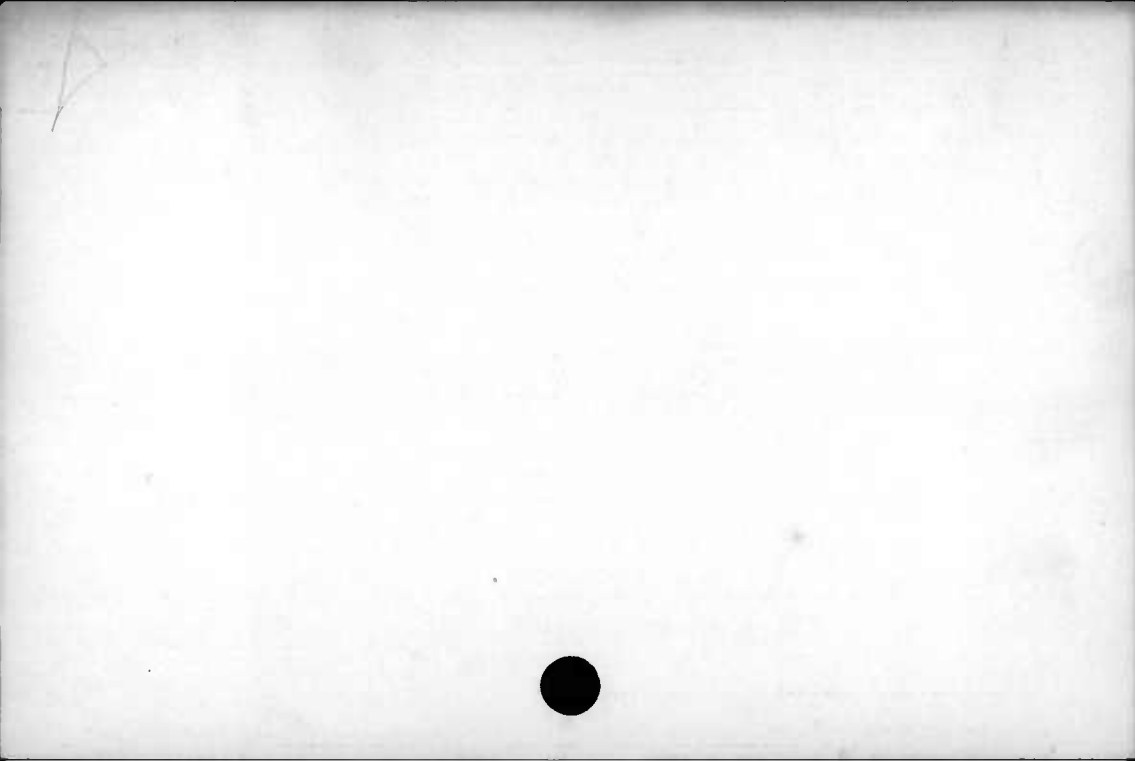
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Providence		County Baltimore		MARYLAND	
Date of death 190	3	Month 6	Day 12	Age 77	Years	Months 8	Days 27
Sex Female		Color or Race White		Birth- place Maryland			
Married, Single or Widowed Widow		Occupation Housework					
Name of Wife or Husband Joseph Burton							
Father's Name Samuel Burton				Father's Birthplace Maryland			
Mother's Maiden Name Sallie Coe				Mother's Birthplace Maryland			
Name of person giving In formation Laura V. Burton				How related to deceased Niece			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	4 weeks
Immediate	Coronary Arteriosclerosis		How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. Royce Green M.D.		
Address		Towson Md.		
Accident or Suicide?		No		





Name  
in  
Full

Georgianna baster

## CERTIFICATE OF DEATH

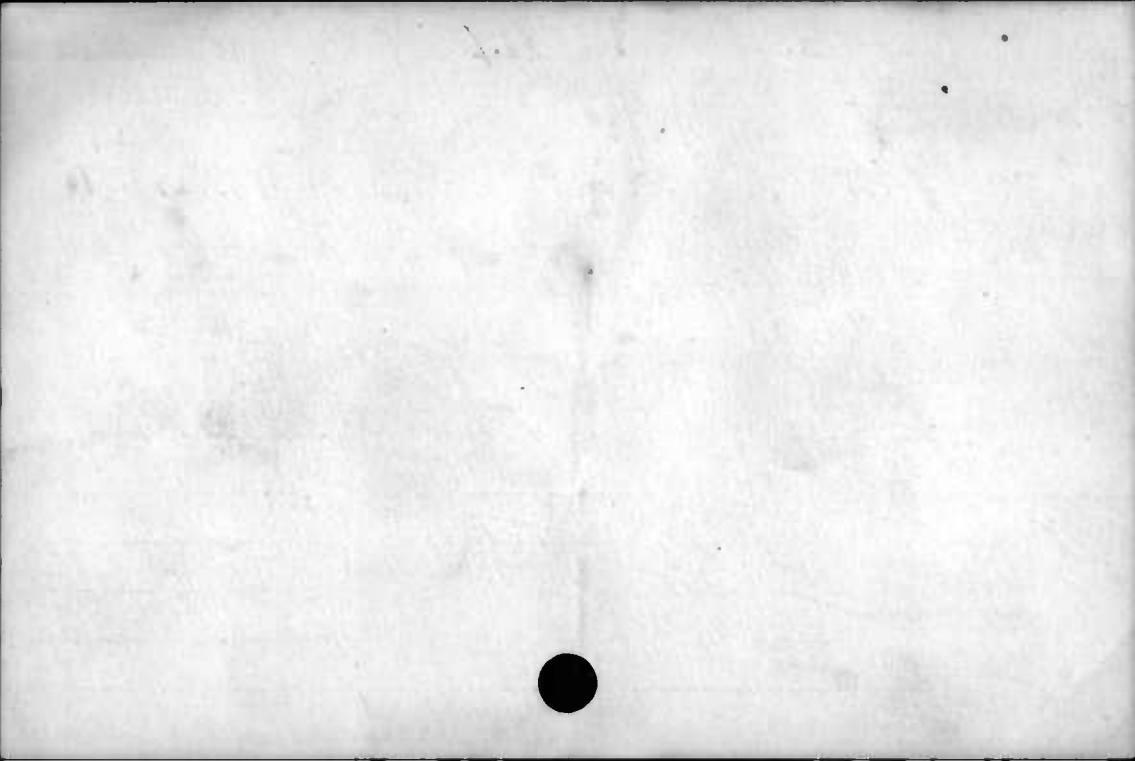
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Twp</sup> <i>Hallsville</i>		<sup>County</sup> <i>Balto</i>		MARYLAND	
Date of death 190	3	Month	6	Day	13
Age		Years		Months	21
Sex	<i>Female</i>		Color or Race	<i>colored</i>	
Married, Single or Widowed	<i>X</i>		Birth-place	<i>Hallsville</i>	
Occupation		<i>X</i>			
Name of Wife or Husband <i>X</i>					
Father's Name			<i>Benjamin baster 105</i>		
Mother's Maiden Name			<i>Georgianna Hall</i>		
Name of person giving information			<i>Benjamin J. Hub</i>		
Father's Birthplace			<i>Ind</i>		
Mother's Birthplace			<i>Ind</i>		
How related to deceased			<i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera infantum</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. B. Hall</i>
	<i>g</i>	Address	<i>Mt Winns</i>
Accident or Suicide? <i>g</i>			



Name  
in  
Full

Mrs Mary Jane Chilcoat

## CERTIFICATE OF DEATH

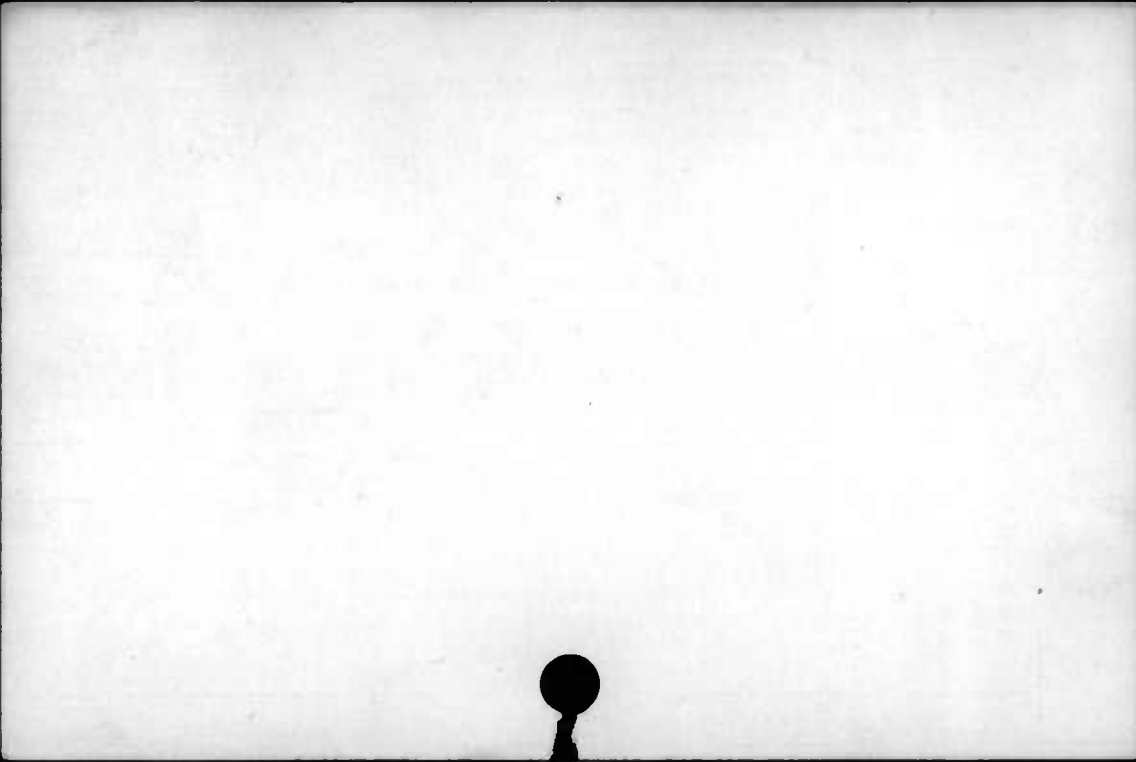
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butter</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>20th</i>	Age <i>75</i>	Months <i>8 11</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>St. James Md.</i>		
<del>Married Single</del> or Widowed			Occupation <i>Housewife</i>		
Name of <del>Wife</del> <i>Elijah Chilcoat</i> Husband					
Father's Name <i>Joseph Pierce Pearce</i>			Father's Birthplace <i>St. James</i>		
Mother's Maiden Name <i>Mary Ann Pearce</i>			Mother's Birthplace " "		
Name of person giving In formation <i>Mrs Galla Eneor</i>			How related to deceased <i>Daughter</i>		

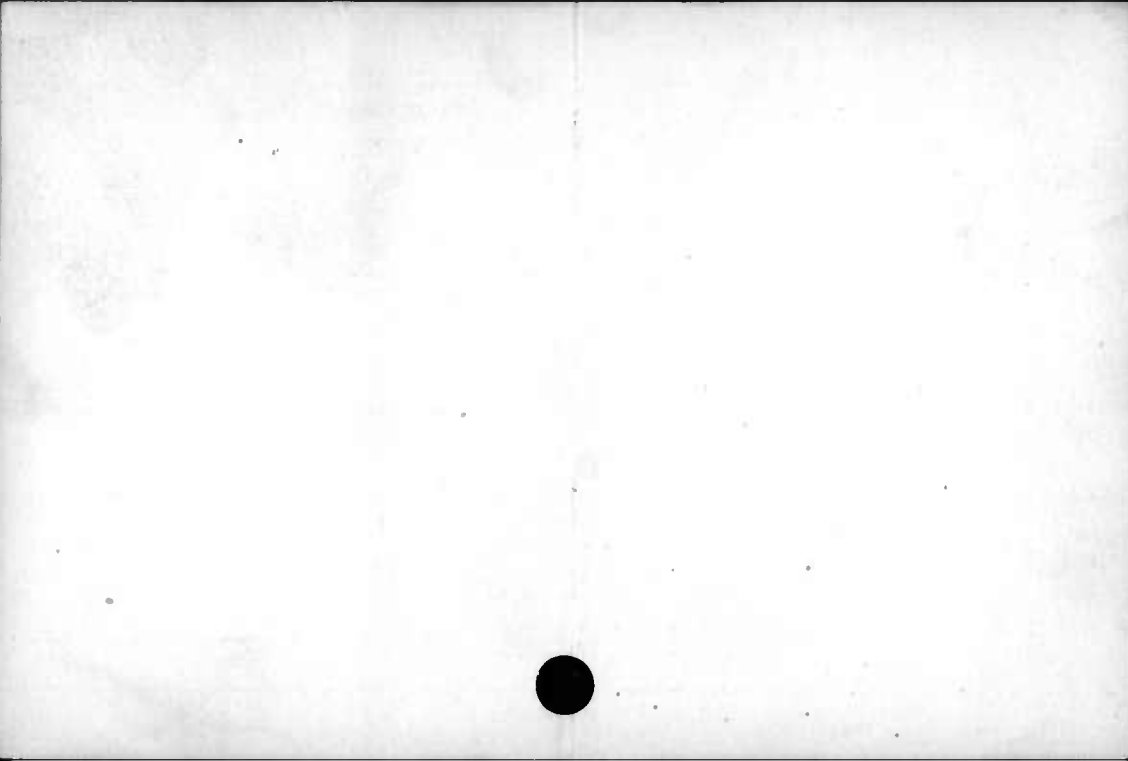
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Ulcer of Stomach</i>	<i>103</i>	How long <i>two months</i>
Immediate <i>Heart failure</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Drach Md</i>	
	Address <i>Butler Md</i>	
Accident or Suicide? <i>g</i>		



Name in Full		52 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>White Marsh</i>		County <i>Baltimore</i>		MARYLAND
	Date of death 1903	Month <i>6</i>	Day <i>10</i>	Age <i>1</i> Years	Months <i>3</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>White Marsh</i>	
	Married, Single or <del>Widowed</del>		Occupation <i>---</i>		
	Name of Wife or Husband <i>---</i>				
	Father's Name <i>X</i>		Father's Birthplace <i>X</i>		
	Mother's Maiden Name <i>Carrie Coplin</i>		Mother's Birthplace <i>White Marsh</i>		
	Name of person giving In formation		How related to deceased		
52					
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long <i>8 Days</i>		
	<i>Typhoid Fever</i>				
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. C. W. Gilbert</i>		
			Address <i>White Marsh Md</i>		
Accident or Suicide? <i>9</i>					



Name  
in  
Full

Eduard M. Cromwell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>6</u>	Day <u>7</u>	Age <u>14</u>	Months <u>9</u>	Days <u>7</u>
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>Balto Co</u>		
<del>Married, Single</del> <del>or Widowed</del>			Occupation _____		
Name of Wife or Husband _____					
Father's Name <u>James Edward Cromwell</u>			Father's Birthplace <u>Balto Co</u>		
Mother's Maiden Name <u>Mary Ellen Cox</u>			Mother's Birthplace <u>Balto Co</u>		
Name of person giving Information <u>James E Cromwell</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough + Pneumonia</u>	How long <u>3 weeks.</u>
Immediate <u>Enteritis + Peritonitis</u>	How long <u>3 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thomas E Baedwin</u>
	Address <u>Gummers</u>
Accident or Suicide? <u>9</u>	<u>ind</u>





Name in Full

Certificate of Death

Caroline Cullison

Town

County

Prenon

Baltimore

MARYLAND

Died at

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

6

14

Age

94.8.13

md

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Old age

General Debility

How long sick

154

Accident, Suicide, Homicide

Reported by

R. C. Wall

Address

Hampstead

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Jesse G. Dance

53

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retriah</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1903	June	27	Age 79	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Chester Co Pa.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Dentist</i>				
Name of Wife or Husband _____					
Father's Name _____				Father's Birthplace _____	
Mother's Maiden Name <i>Ricks of Mt Hope Retriah</i>				Mother's Birthplace _____	
Name of person giving information _____				How related to deceased _____	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	How long _____
Immediate <i>Cerebral Congestion &amp; Softening</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retriah</i>
	<i>Baltimore Co. Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Annie D. Dixon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Calumville		County		Baltimore		MARYLAND	
Date of death	1903	Month	June	Day	16	Age	65	Months	8
								Days	12
Sex	Female		Color or Race	White		Birth-place	Dorchester Co Md		
Occupation	Housewife		Where Residing if not at place of death						
Married, Single or Widowed	Married		Name of Wife or Husband	John F. Dixon					
Father's Name	Stanley R. Gorsuch					Father's Birthplace	Talbot Co Md		
Mother's Maiden Name	Sallie Reddish					Mother's Birthplace	Dorchester Co Md		
Name of person giving Information	John F. Dixon					How related to deceased	Husband		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cancer of Breast		How long	19 yrs
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?				



TO BE ANSWERED BY NEAREST FRIEND	Name in Full <b>George Davis</b>		CERTIFICATE OF DEATH	
	Died at <b>Roland Park</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>	
	Date of death 1903		Month <b>June</b> Day <b>23</b>	
	Age <b>20</b> <del>22</del>		Years <b>20</b> Months <b>20</b> Days	
	Sex <b>Male</b>		Color or Race <b>White</b>	
	Married, Single or Widowed <b>Infant</b>		Occupation <b>Infant</b>	
	Name of Wife or Husband		Birthplace <b>Roland Park</b>	
	Father's Name <b>Joe Davis</b>		Father's Birthplace <b>Virginia</b>	
Mother's Maiden Name <b>Barkman</b>		Mother's Birthplace <b>Maryland</b>		
Name of person giving information		How related to deceased		

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <b>Dysentery</b>	How long <b>sick 10 days</b>
	Immediate <b>Exhaustion</b>	How long <b>14</b>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>E. M. Duncan</b>
		Address <b>Forans town</b>
Accident or Suicide? <b>9</b>		

Wm E Chenoweth & Son  
919 3rd Ave  
Hampton



# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 1903		June	26	51		2	10
Sex		Color or Race		Birth-place			
Female		White		Md			
Married, Single or Widowed		Married		Occupation			
Name of Wife or Husband		Howard					
Father's Name		Josiah Earl				Father's Birthplace	
						Md	
Mother's Maiden Name		Mary E. Cartack				Mother's Birthplace	
						Md	
Name of person giving information		Mary A. Strahan				How related to deceased	
						Sister	

### CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>For yrs -</i>
Immediate	<i>Asbestos</i>	How long	<i>For yrs -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yrs</i>	Signature of Physician	<i>J. H. Hamilton</i>
		Address	<i>Middle River Md.</i>
Accident or Suicide?	<i>No</i>		

H. E. Hayles  
Elmwood

Name  
in  
Full

## CERTIFICATE OF DEATH

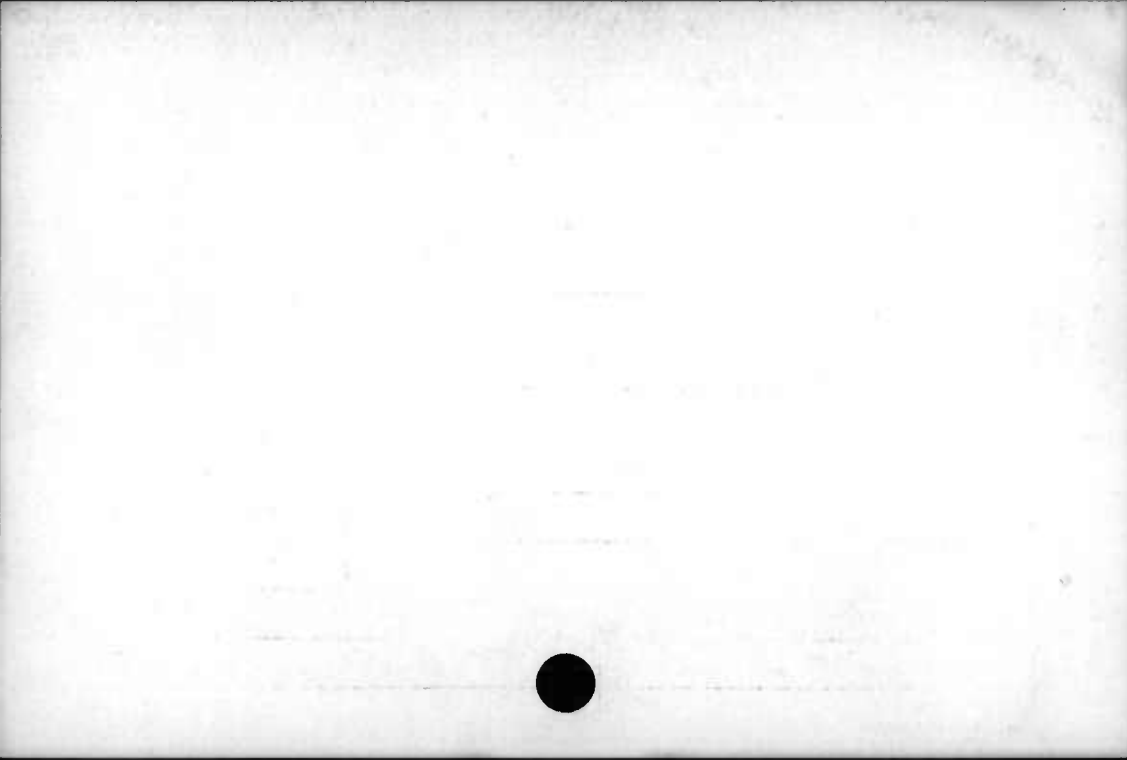
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes' Sanitarium</i>		Town <i>Baltimore</i>		County <i>MARYLAND</i>	
Date of death 1903	Month <i>VI</i>	Day <i>17</i>	Age <i>41</i>	Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Married, Single <del>or Widowed</del>			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Georgey M.D.</i>
	Address <i>1938 Linden Ave Baltimore Md.</i>
Accident or Suicide? <i>9</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Edwards</i>		Town <i>Bear</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>June</i>		Day <i>29</i>	
Age <i>58</i>		Years <i>58</i>		Months <i>3</i>		Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Wales</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>Commission merchant</i>					
Name of Wife <i>Elizabeth A Edwards</i>		Husband					
Father's Name <i>George Edwards</i>		Fether's Birthplace <i>Wales</i>					
Mother's Maiden Name <i>Ann Davis</i>		Mother's Birthplace <i>Wales</i>					
Name of person giving information <i>Philip Edwards</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>10 days</i>
Immediate <i>Heart Failure</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Harrison MD</i>
	Address <i>Mt. Pleasant Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Mary King Emory

## CERTIFICATE OF DEATH

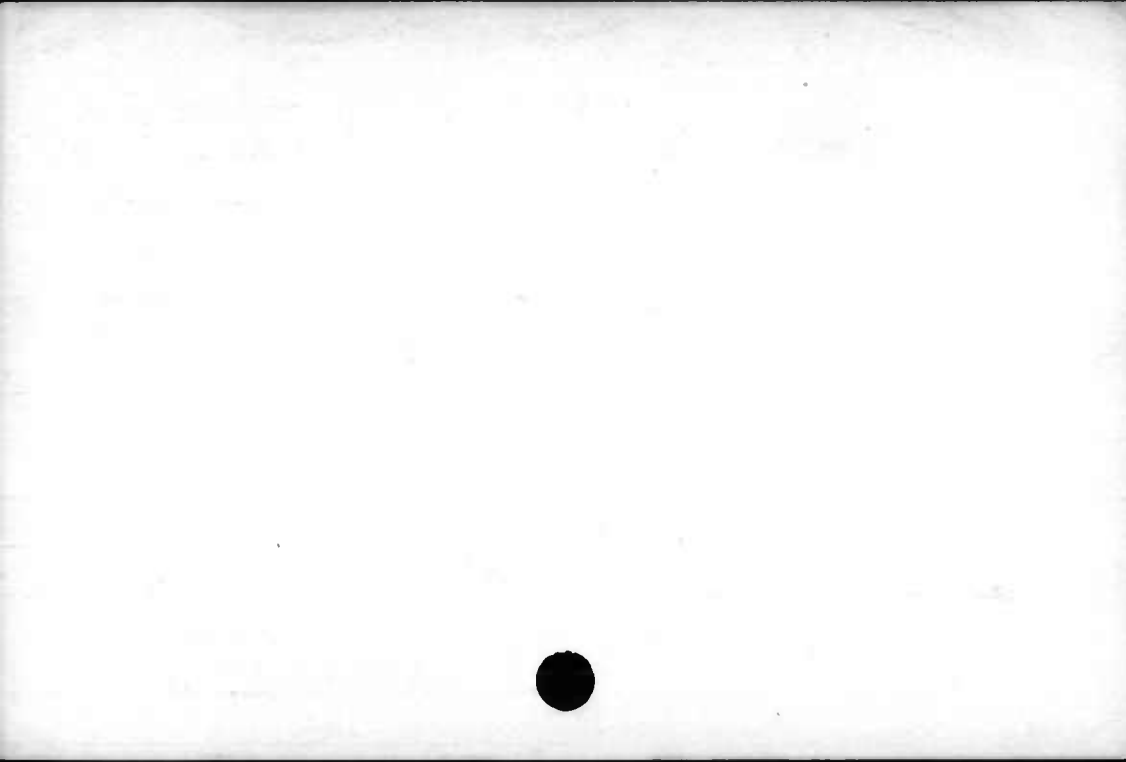
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Int. Washington</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>5</i>	<sup>Month</sup> <i>Jan</i>	<sup>Day</sup> <i>14</i>	<sup>Years</sup> <i>30</i>	<sup>Months</sup> <i>—</i>	<sup>Days</sup> <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Married, <del>Single</del> <i>Single</i> <del>or Widowed</del>			Occupation <i>House Wife</i>		
Name of <del>Wife</del> <i>Richard Emory</i> Husband					
Father's Name <i>Warner King</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Miss Lamer</i>			Mother's Birthplace <i>N. C.</i>		
Name of person giving information <i>Ch. Hill</i>			How related to deceased <i>Friend</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastro-Intestinal</i>	How long	<i>Seven weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles M. Hill</i>	
Address <i>Baltimore</i>		Address <i>Ind</i>	
Accident or Suicide? <i>No</i>			





Name  
in  
Full

Mary M. Fausett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Lebanon <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND	
Date of death 1903	Month June	Day 17	Years 54	Months 11	Days 14		
Sex Female	Color or Race Colored		Birth- place Virginia				
Married, Single or Widowed			Occupation				
Name of Wife or Husband James Fausett							
Father's Name Zachary Jackson				Father's Birthplace Va			
Mother's Maiden Name Lucy Wood				Mother's Birthplace Va			
Name of person giving in formation Mary F. Harris.				How related to deceased daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	carcinoma of stomach	How long	a year
Immediate	Exhaustion 40.	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. S. M. Aufeldt
9		Address	Lebanonville Md
Accident or Suicide?			

Charlottesville Virginia

Name  
in  
Full

Mary Jane Foss

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Midway Heights</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>11</i>	Years <i>78</i>	Months —	Days —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore, Md.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Henry Foss</i>					
Father's Name <i>Eli Smith</i>			Father's Birthplace <i>108</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Henry Foss</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Obstruction</i>	How long <i>One week</i>
Immediate <i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Monmonies M.D.</i>
<i>g</i>	Address <i>Wickeville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Helen Marie Finnelly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 1903	Month <u>June</u>	Day <u>6</u>	Age <u>2</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>single</u>			Occupation <u>None</u>		
Name of Wife or Husband _____					
Father's Name <u>Thomas Finnelly</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary White</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Thomas Finnelly</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Meningitis</u>	How long <u>6 weeks</u>
Immediate <u>ephorstion</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Schwatka M.D.</u>
	Address <u>2429 Fair Ave</u>
Accident or Suicide? <u>no</u>	

Sacred Heart Cemetery

June 8<sup>th</sup> 1903

Germanus France

Under the

Name  
in  
Full

Julia J Fitch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fullerton</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>June</i>	Day <i>27</i>	Age <i>17</i>	Months <i>7</i>	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balt. Co., Md.</i>	
<del>Married, Single</del> <del>or Widowed</del>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>Robert E. Fitch</i>			Father's Birthplace <i>Balt. Co. Md.</i>		
Mother's Maiden Name <i>Mary Romick</i>			Mother's Birthplace <i>Balt. City</i>		
Name of person giving information <i>Benj. Parker</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>6 months</i>
Immediate <i>General Dropsy</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. F. Carr</i>
<i>g</i>	Address <i>Gardenville Md.</i>
Accident or Suicide?	





Name

is Full

Annie Toehrkolb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>19</i>	Years <i>25</i>	Months	Days		
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore Md</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Housework</i>						
Name of <del>Wife or</del> Husband <i>John J. Toehrkolb</i>							
Father's Name <i>Fredrick Kegel</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Barbara Hoerner</i>	Mother's Birthplace <i>Germany</i>						
Name of person giving information <i>John J. Toehrkolb</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Alburtus Cotton Md</i>
Accident or Suicide? <i>g</i>	

Sacred Heart Cemetery

June 22<sup>nd</sup> 1903

Germanus France

Under table

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Greenwood</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>Monday</i>	Age <i>61</i> Years	Months <i>11</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Philadelphia</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Martha Elizeabeth Fox</i>					
Father's Name <i>John Fox</i>			Father's Birthplace <i>Phila.</i>		
Mother's Maiden Name <i>Mary Livezey</i>			Mother's Birthplace <i>Phila.</i>		
Name of person giving information <i>William Fox</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carbuncle</i>	How long <i>14<sup>3</sup> 6 weeks</i>
Immediate <i>Erysipelas</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jno. S. Green</i>
	Address <i>Hittings, Md.</i>
Accident or Suicide? <i>I</i>	

Frederick Lassus  
Entertainment  
Whaugh Chappel

Name  
in  
Full

Barbara E. Hazier

## CERTIFICATE OF DEATH

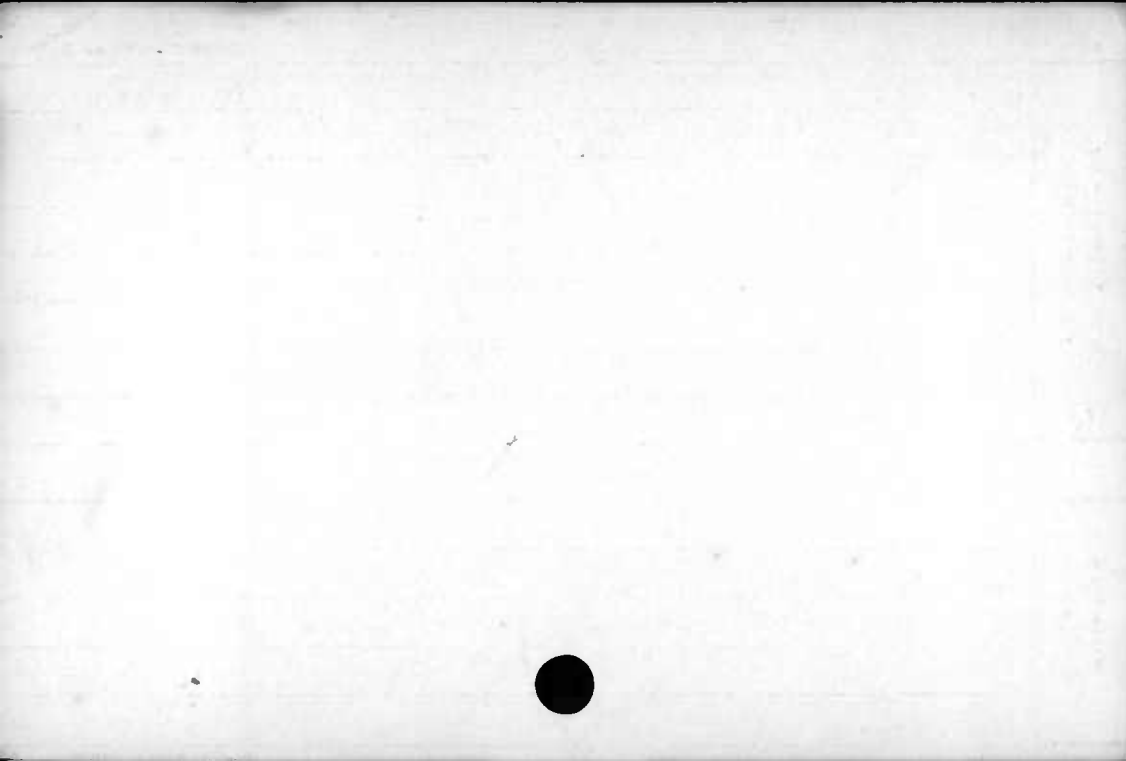
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Wiggins</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>June</i>		Day <i>27</i>		Age <i>72</i>		Years <i>0</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Howard Co. Md</i>		Months <i>0</i>		Days <i>0</i>	
Married <del>Single</del> or Widowed <i>widow</i>		Occupation <i>none</i>							
Name of <del>Wife or</del> Husband <i>John A Hazier</i>									
Father's Name <i>John Henton</i>		Father's Birthplace <i>—</i>							
Mother's Maiden Name <i>Barbara</i>		Mother's Birthplace <i>—</i>							
Name of person giving information <i>Sarah E. Zackman</i>		<i>ob</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastritis and Diarrhea</i>		How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Hank H. Ruhl</i>	
			Address <i>Lansdowne Md.</i>	
Accident or Suicide? <i>9</i>				



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Mrs Elisabeth French

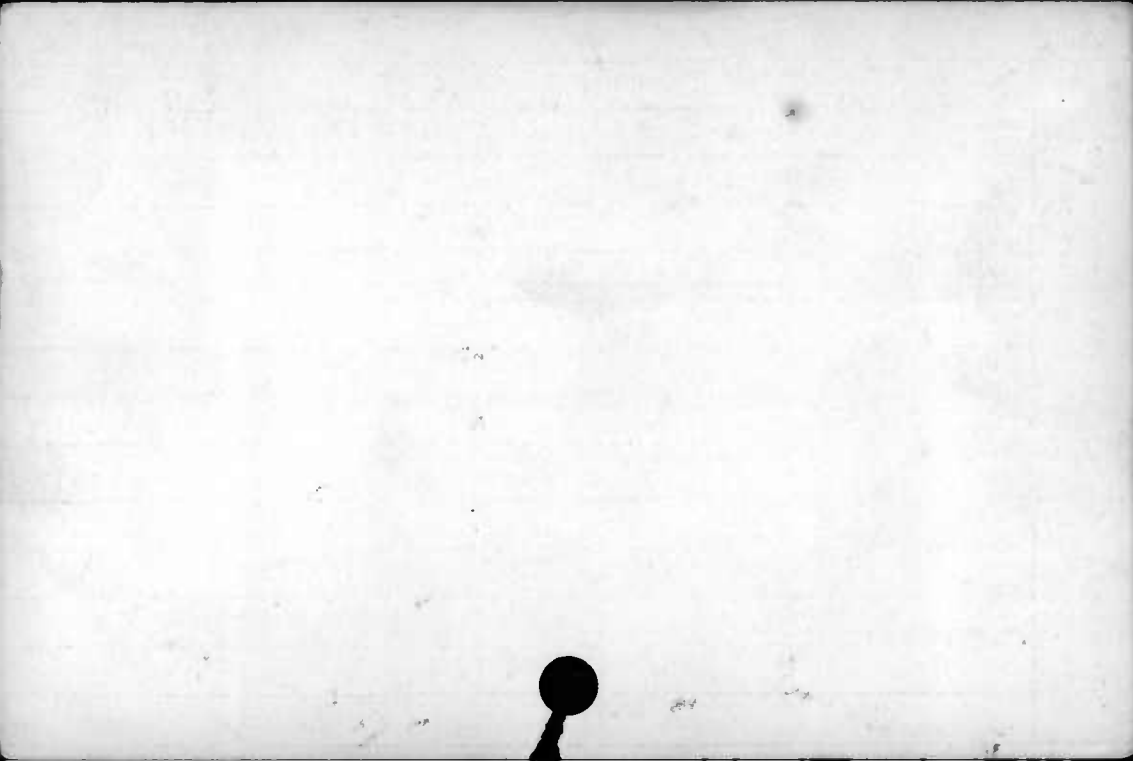
## CERTIFICATE OF DEATH

Died at <i>Hawthorne</i> <sup>Town</sup> <i>Baltimore</i> <sup>County</sup> <i>co</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>22</i>	Age <i>66</i>	Months <i>4</i>	Days <i>22</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, <del>Single</del> <i>Married</i> <del>or Widowed</del>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Benjamin French</i>					
Father's Name <i>Wm. Waddell</i>			Father's Birthplace <i>Ken</i>		
Mother's Maiden Name <i>Letitia Waddell</i>			Mother's Birthplace <i>Ken.</i>		
Name of person giving information <i>Benjamin French</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

Primary <i>Chronic Pulmonary Troubles</i>	How long <i>6 years</i>
Immediate <i>Failure of vital organs</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. H. Benson</i>
	Address <i>Cockeville</i>
Accident or Suicide? <i>9</i>	<i>Baltimore Md.</i>

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

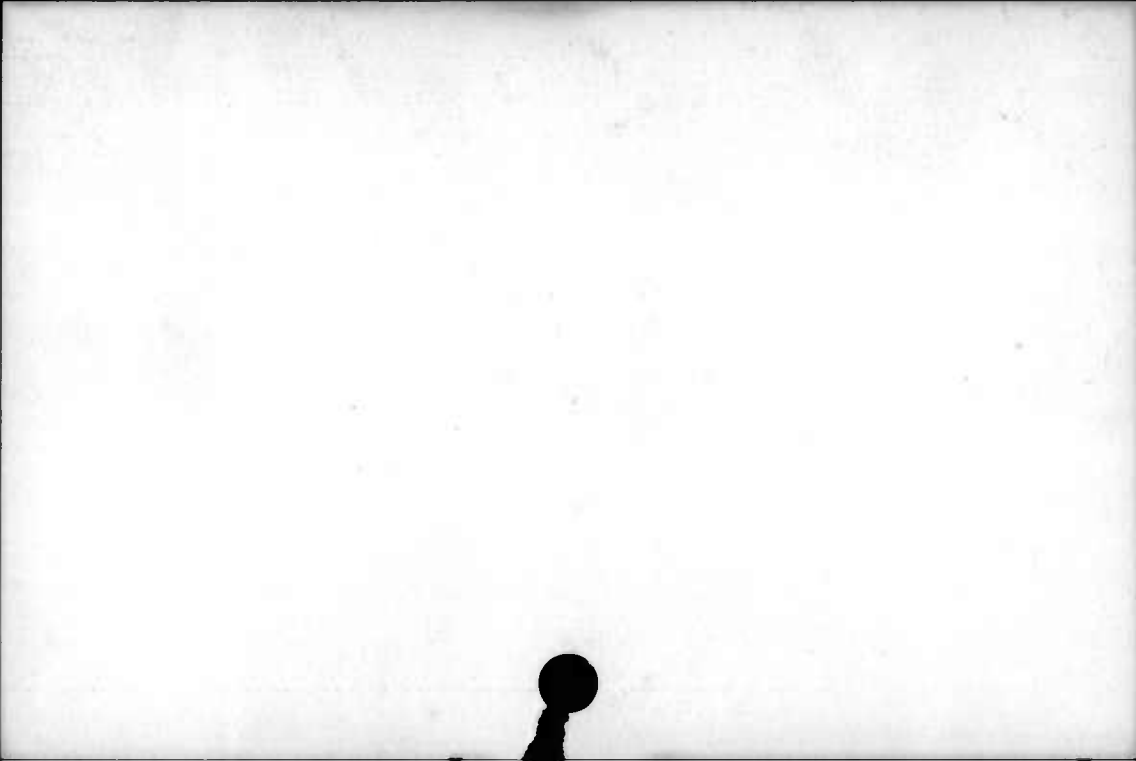
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Edward H Friend</b>		Town <b>Glyndon</b>		County <b>Balto</b>		State <b>MARYLAND</b>	
Died at <b>Glyndon</b>		Date of death 190 <b>3</b>		Age <b>7 3</b>		Months <b>5</b>	
Month <b>June</b>		Day <b>13</b>		Years <b>7 3</b>		Days <b>13</b>	
Sex <b>Male</b>		Color or Race <b>white</b>		Birth-place <b>M 'd</b>			
Married, Single or Widowed <b>widower</b>		Occupation <b>Book keeper</b>					
Name of Wife or Husband <b>Deceased</b>							
Father's Name <b>Andrew Friend</b>		Father's Birthplace <b>M 'd</b>					
Mother's Maiden Name <b>Harriett Hays</b>		Mother's Birthplace <b>M 'd</b>					
Name of person giving information <b>Corra Fish</b>		How related to deceased <b>neice</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Palsy</b>	How long <b>18</b>	How long <b>Several years</b>
Immediate <b>Thrombus &amp; Erysipelas</b>	How long <b>2 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Thos Price</b>
		Address <b>Glyndon</b>
Accident or Suicide? <b>J</b>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Camp Chapel		Baltimore		MARYLAND	
Date of death 1903.	Month	Day	Age	Years	Months	Days	
3.	June	28 <sup>th</sup>	81		5	13.	
Sex	Male		Color or Race	White		Birth-place	Baltimore Co
Married, Single or Widowed	Married		Occupation	Millwright.			
Name of Wife or <del>husband</del>	Hester A. Baker.						
Father's Name	John Gambrell.					Father's Birthplace	Maryland.
Mother's Maiden Name	Abigail Green					Mother's Birthplace	Maryland.
Name of person giving information	Elizabeth Billingsley.					How related to deceased	Daughter.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy		How long	65
Immediate	Paralysis		How long	15 hours
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	W. J. Harrison.
			Address	Loch Raven.
Accident or Suicide?	I			

Instrument  
Gerry Hall

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes' Hosp.</i>		Town <i>Balt.</i>		County		MARYLAND	
Date of death 190 <i>3</i> .		Month <i>6</i>	Day <i>1</i>	Age <i>20</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Puerto Rico</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>Printer</i>			
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>tuberculosis</i>	How long <i>27</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>Thos. Beaton</i>
Accident or Suicide? <i>9</i>	<i>1938 Linden Ave.</i>

Evans & Spence  
1000 E Balto St

Name  
in  
Full

Henrietta Gray

## CERTIFICATE OF DEATH

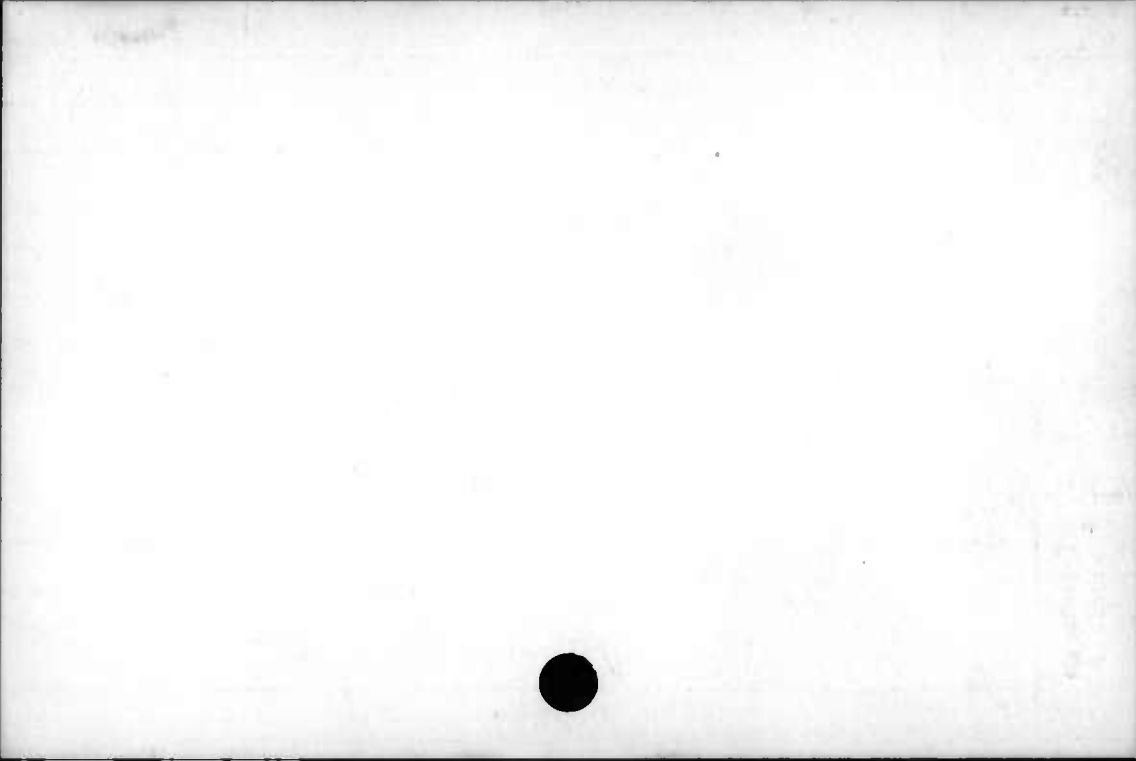
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Wing Mills</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month <i>June</i>	Day <i>20</i>	Age <i>61</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis Co</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>House wife</i>						
Name of Wife or Husband <i>Lewis Gray</i>							
Father's Name <i>Charles Ready</i>				Father's Birthplace			
Mother's Maiden Name <i>Henrietta Ready</i>				Mother's Birthplace			
Name of person giving information <i>Annix E. Bell</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy.</i>	How long <i>1 day</i>
Immediate <i>Concussion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. S. Bell</i>
	Address <i>Harrisonville</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Jesse W. Grimes.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>6</i>	Day <i>7</i>	Age <i>20</i>	Months Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Balto Co.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Painter</i>			
Name of Wife or Husband					
Father's Name <i>Richard E. Grimes</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name			Mother's Birthplace <i>Maryland</i>		
Name of person giving In formation <i>Joseph J. Herr.</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysphoid Fever.</i>	How long <i>3 weeks</i>
Immediate <i>Intestinal Hemorrhage</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas. L. Truax M.D.</i>
	Address <i>3 and 5ough St Highlandtown</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Edward G Grubert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

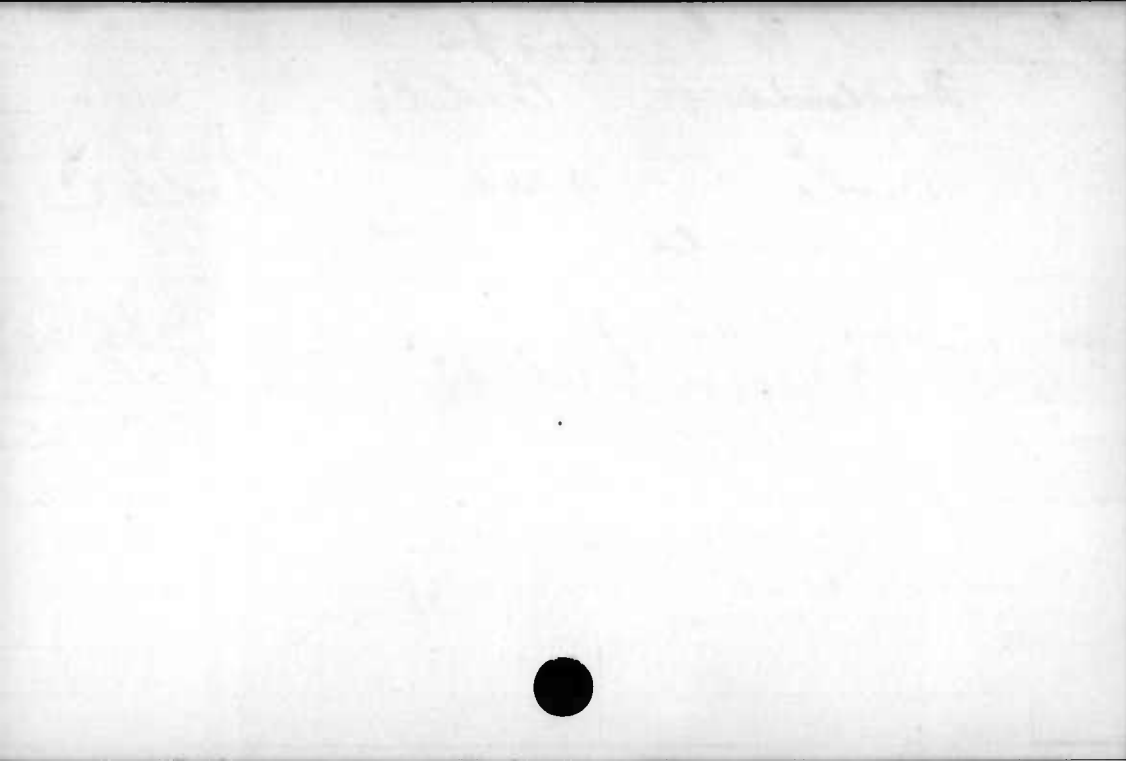
MARYLAND

Died at <i>Highlandtown</i>		Town		<i>Balto</i>		County	
Date of death 190	<i>3</i>	Month	<i>6</i>	Day	<i>9</i>	Age	<i>8</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Balto Co</i>
Married, Single or Widowed	<i>Single</i>			Occupation			<i>-</i>
Name of Wife or Husband							
Father's Name				<i>John Grubert</i>			
Father's Birthplace				<i>City</i>			
Mother's Maiden Name				<i>Maggie Grubert</i>			
Mother's Birthplace				<i>City</i>			
Name of person giving information				<i>Maggie Grubert</i>			
How related to deceased				<i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 wks</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Paul Sombel</i>	
Address		<i>835 W Fayette St</i>	
Accident or Suicide?		<i>9</i>	



Name  
in  
Full

Nicolas Hager

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	<i>6</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	Age <i>59</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Tailor</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>J. Herwig &amp; Son</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Ch. Bright's disease</i>	How long <i>About 3 Years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. Reynolds M.D.</i>
	Address <i>809 N. Charles St.</i>
Accident or Suicide? <i>Neither</i>	<i>Balto</i>

Hernig & Son

St Mathews

Connecticut

Name  
in  
Full

Franklin Spencer Hall

## CERTIFICATE OF DEATH

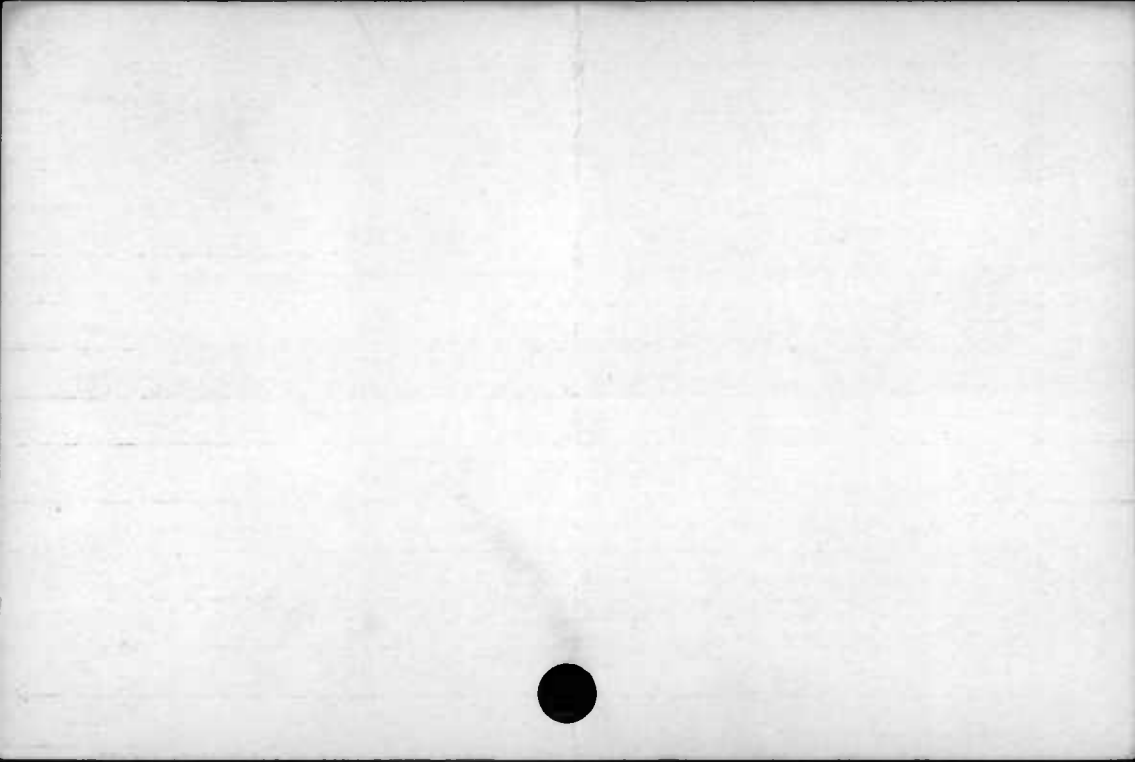
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerford		County Baltimore		MARYLAND	
Date of death 190		3	Month 6	Day 8	Age 20	Years	Months Days 25
Sex Male		Color or Race colored		Birth- place Baltimore			
Married, Single or Widowed Single		Occupation Student at College					
Name of Wife or Husband							
Father's Name Frank Hall				Father's Birthplace Hagerford Md.			
Mother's Maiden Name Julia Smith				Mother's Birthplace Baltimore			
Name of person giving information Frank Hall				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid Fever		How long Six weeks	
Immediate Heart Failure + Uræmia		How long Two days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. P. Mitchell	
		Address Hagerford, Md.	
Accident or Suicide? I			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lorson</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month 6	Day 1	Age 19	Months 11	Days 16
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name <i>Albert Harding</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Katharine Schultz</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Frank R. Riell</i>			How related to deceased <i>uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate <i>Asphyxia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank R. Riell</i>
	Address <i>Lorson</i>
Accident or Suicide? <i>No</i>	<i>md</i>



*Anna Virginia Helms*

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

6-5

Age

62-

Md

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cancer

Death

Immediate

How long sick

Two years

Accident, Suicide, Homicide

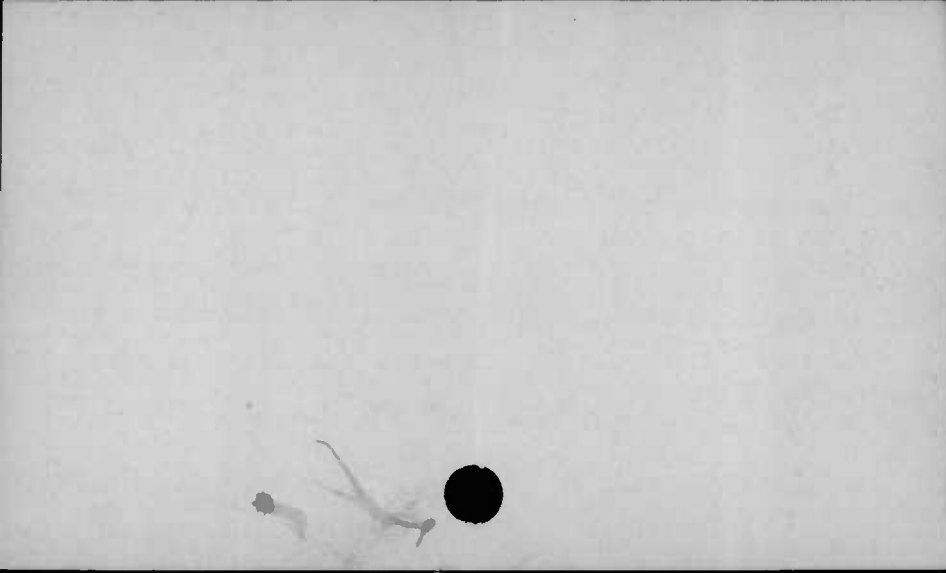
Reported by

Dr. Jostt Wilson

Address

Fowlesburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

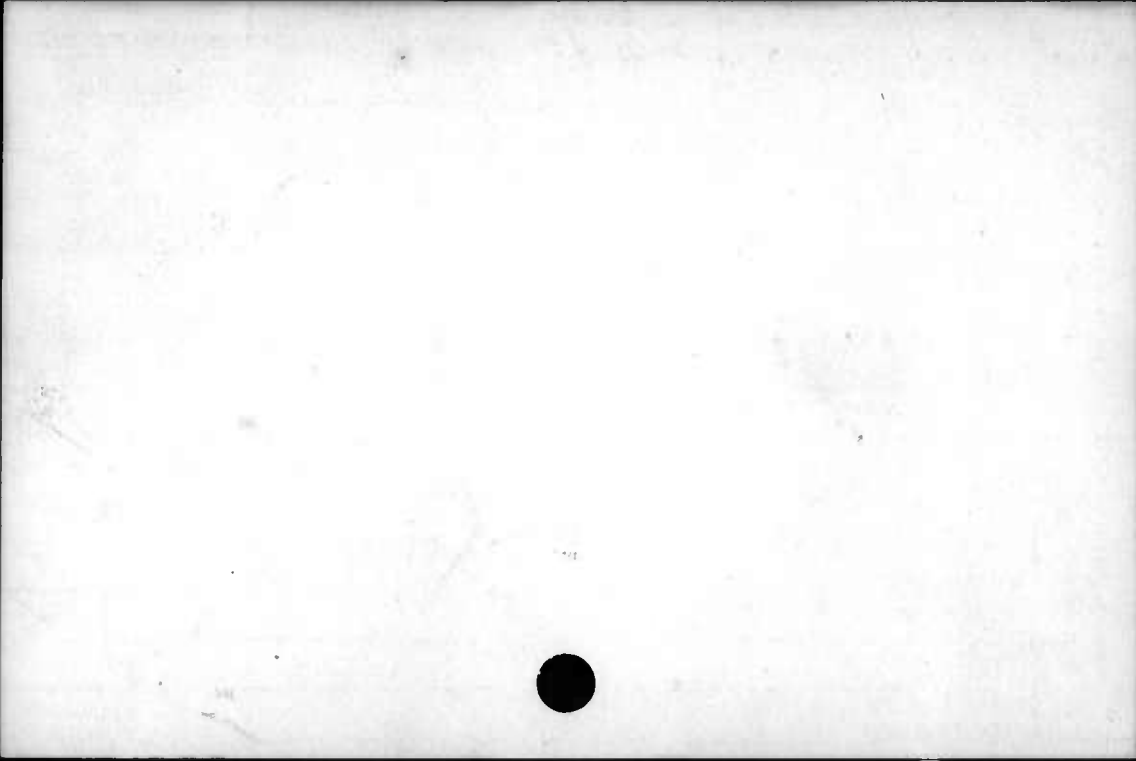
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John W. Hiltshue</i>		Town <i>Reisterstown</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Reisterstown</i>		Date of death 1903		Month <i>June</i>		Day <i>27</i>	
Age <i>42</i>		Years <i>42</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Reisterstown</i>		<i>MD</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Hotel Proprietor</i>		Name of Wife or Husband <i>Sallie K. Thomas</i>		Father's Name <i>John W. Hiltshue</i>	
Mother's Maiden Name <i>Christina Gies</i>		Father's Birthplace <i>Barrel Co. Md.</i>		Mother's Birthplace <i>Germany</i>		How related to deceased <i>wife</i>	
Name of person giving information <i>Sallie K. Hiltshue</i>							

## CAUSES OF DEATH

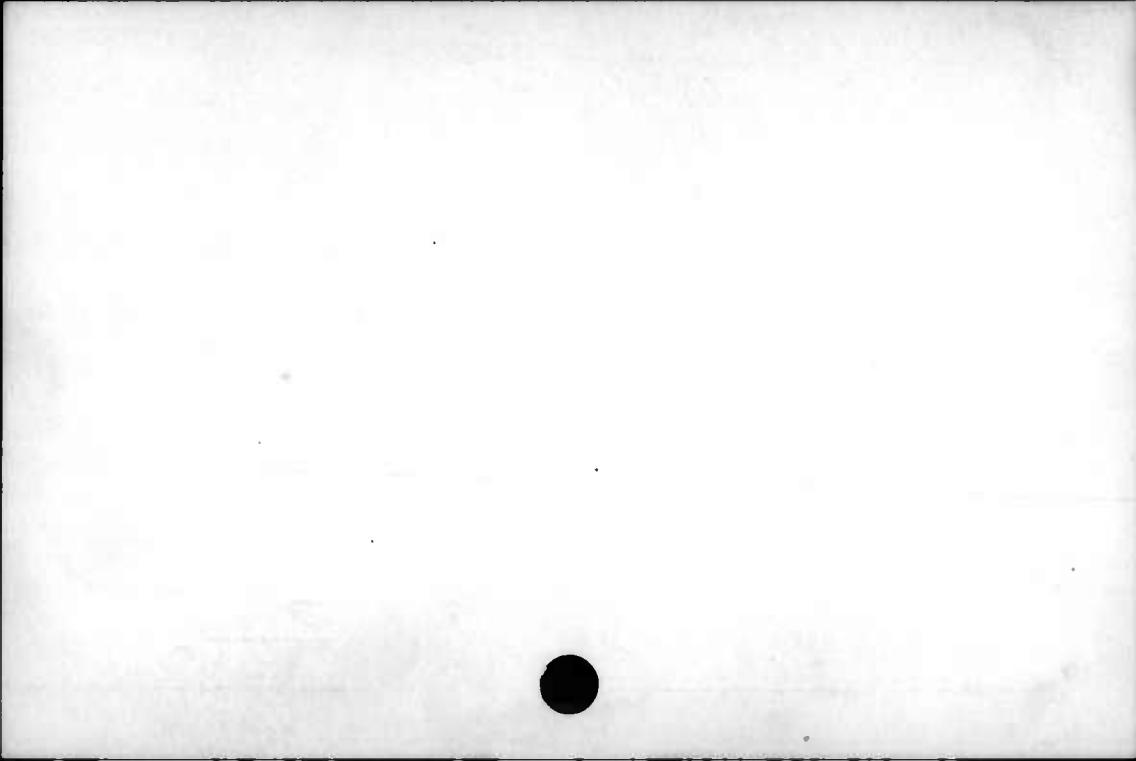
PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>9 mos.</i>
Immediate <i>Uraemia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Seader</i>
	Address <i>Reisterstown Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full <b>Annie Hopman</b>		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Baltimore</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>		<b>MARYLAND</b>
	Date of death 1903	Month <b>June</b>	Day <b>17</b>	Age <b>3</b> Years	Months <b>7</b> Days
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Baltimore</b>		
	Married, Single or Widowed		Occupation		
	Name of Wife or Husband				
	Father's Name <b>Frank Hopman</b>	Father's Birthplace <b>Baltimore</b>			
	Mother's Maiden Name <b>Annie Michel</b>	Mother's Birthplace <b>"</b>			
Name of person giving information <b>" "</b>		How related to deceased <b>Mother</b>			

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<b>Scarlet Fever.</b>	How long <b>about 4 days.</b>
	Immediate	<b>Eclampsia &amp; Schenker</b>	How long <b>-</b>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>Anna J. Guering M.D.</b>
	<b>yes</b>		Address <b>937 Canton Ave</b>
	Accident or Suicide? <b>-</b>		





Name  
in  
Full

Thomas Houston

CERTIFICATE OF DEATH

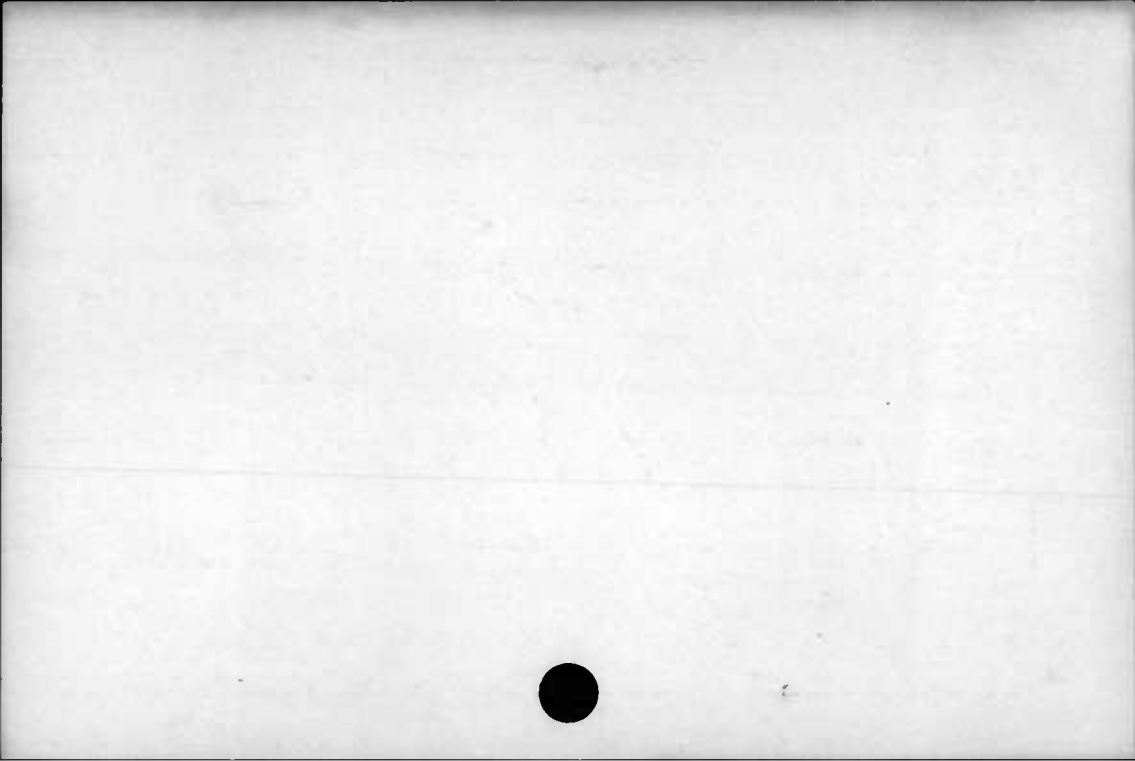
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		<i>Baltimore</i>		County		TOWN		MARYLAND	
Date of death 1903		Month 6		Day 4		Years 65		Months	
Sex Male		Color or Race White		Birth-place Ireland				Days	
Married, Single or Widowed		Married		Occupation		Carpenter			
Name of Wife or Husband									
Father's Name				68		Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information		Reids of Mt Hope				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Melancholia - Albuminuria -</i>		How long	
Immediate <i>Ex-H Ex - Wroemia -</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>Mt Hope Retreat</i>	
Accident or Suicide? <i>9</i>		<i>Mt Hope Ma -</i>	



Name  
in  
Full

Christon Kelbaugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>foreston</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 1903	Month 6	Day 17	Age 82	Months 10	Days 21
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>farmer</i>		
Name of Wife or Husband					
Father's Name <i>Conrad Kelbaugh</i>			Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Mary Don't know maiden name</i>			Mother's Birthplace <i>Don't know</i>		
Name of person giving information <i>Richard Kelbaugh</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Disease incident to old age.</i>	How long
Immediate <i>Paralysis of Bladder.</i>	How long <i>7 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr B F Price</i>
<i>filed 1903 9</i>	Address <i>Mt Carmel Ind.</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>George Keyes</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>20</i>	Age <i>23</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Telephone Lineman</i>				
Name of Wife or Husband					
Father's Name <i>George Keyes</i>			Father's Birthplace <i>Banister</i>		
Mother's Maiden Name <i>Annie McPherson</i>			Mother's Birthplace <i>Cal</i>		
Name of person giving information <i>George Keyes</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enteric Lesions</i>	How long <i>3 wks</i>
Immediate <i>Exhaustion</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. J. E. Myers</i>
	Address <i>Providence Md</i>
Accident or Suicide? <i>9</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Johny Krichner</i>		Town <i>Phila Road</i>		County <i>Balto</i>		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>June</i>	Day	<i>24</i>	Age	<i>Years</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Balto.</i>
Married, Single or Widowed				Occupation <i>None</i>			
Name of Wife or Husband							
Father's Name <i>Frank Krichner</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name				Mother's Birthplace <i>6</i>			
Name of person giving information				<i>105</i>		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Enteric Colitis</i>	How long	<i>4 days</i>
Immediate	<i>Asphemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. C. Thorne</i>	
<i>Yes.</i>		Address <i>128 S. Broadway</i>	
Accident or Suicide? <i>f</i>			

St Pauls Green  
June 26 1903  
Lander Son.



Name  
in  
Full

Norman Kohe

## CERTIFICATE OF DEATH

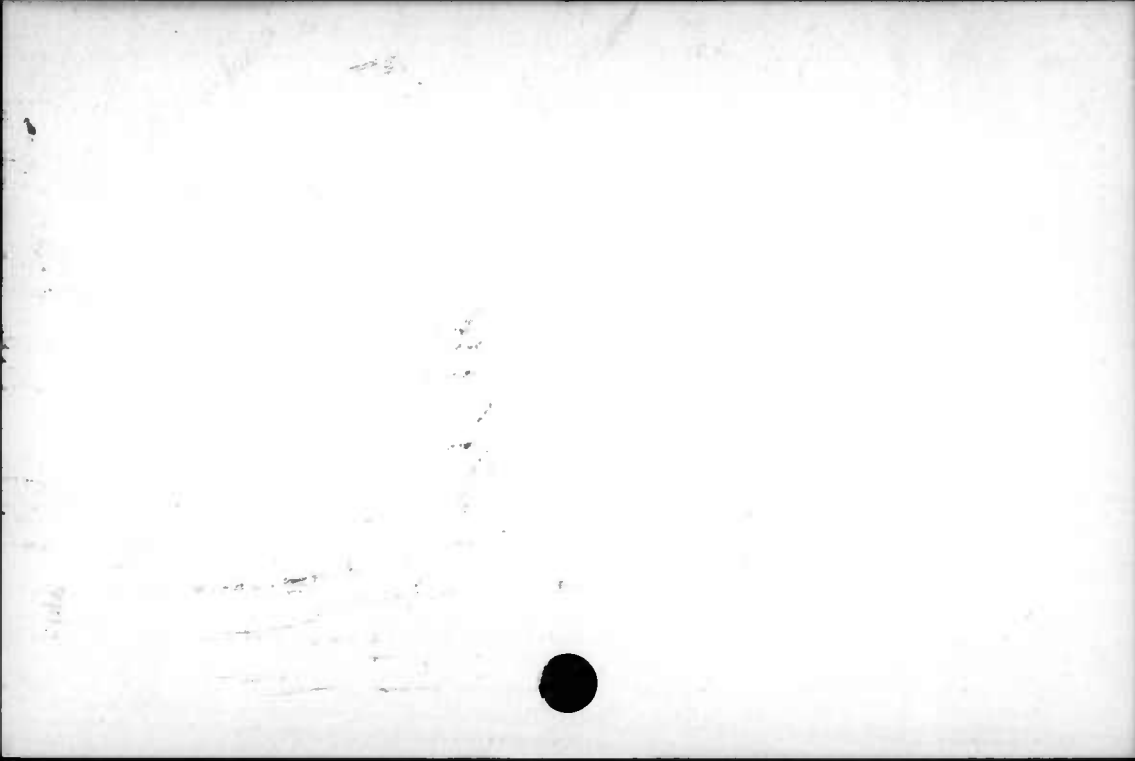
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rosedale</i> <sup>Town</sup>		<i>Balti</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>5</i> <sup>Day</sup>	Age <i>6</i> <sup>Years</sup>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Balti Co</i>		
Married, Single or Widowed <i>_____</i>			Occupation <i>_____</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Wm Kohl</i>			Father's Birthplace <i>Balti Co</i>		
Mother's Maiden Name <i>Anna Schutther's</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>mother "</i>			How related to deceased <i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Scalded hot water</i>	How long <i>167</i>
Immediate <i>Shock</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J. Torse</i>
<i>9</i>	Address <i>Gardenville Ind</i>
Accident or Suicide? <i>9</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1903

Town

Highland

Month

June

Day

13<sup>th</sup>

Age

Years

1

County

Balt.

Months

1

Days

MARYLAND

Sex

male

Color or  
Race

White

Birth-  
place

Germany

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Oscar Kroll

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Anna Friedrich

Mother's  
Birthplace

Germany

Name of person giving  
information

Anna Kroll

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 days

Immediate

Toxic Infection

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Dr. S. A. Glantz

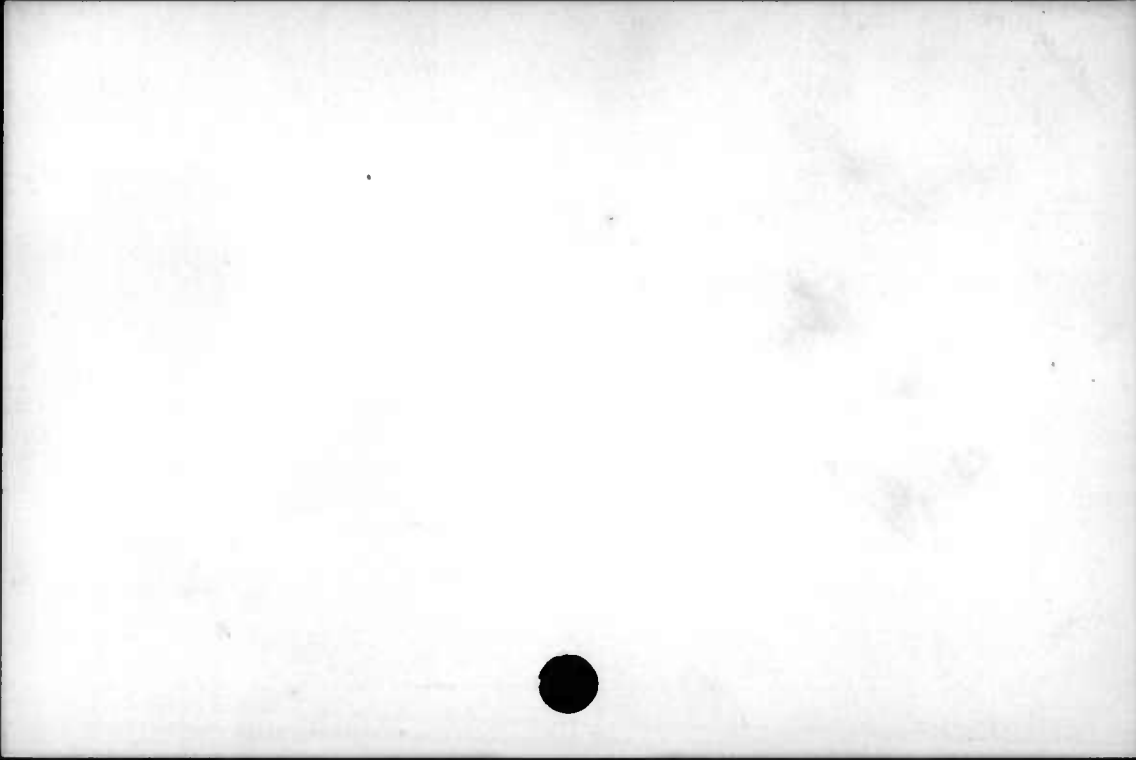
Address

# 41 Eastern Ave. Ext.

PHYSICIAN  
OR CORONER

Accident or Suicide?

No



Name  
in  
Full

Mary P. Lawlor

## CERTIFICATE OF DEATH

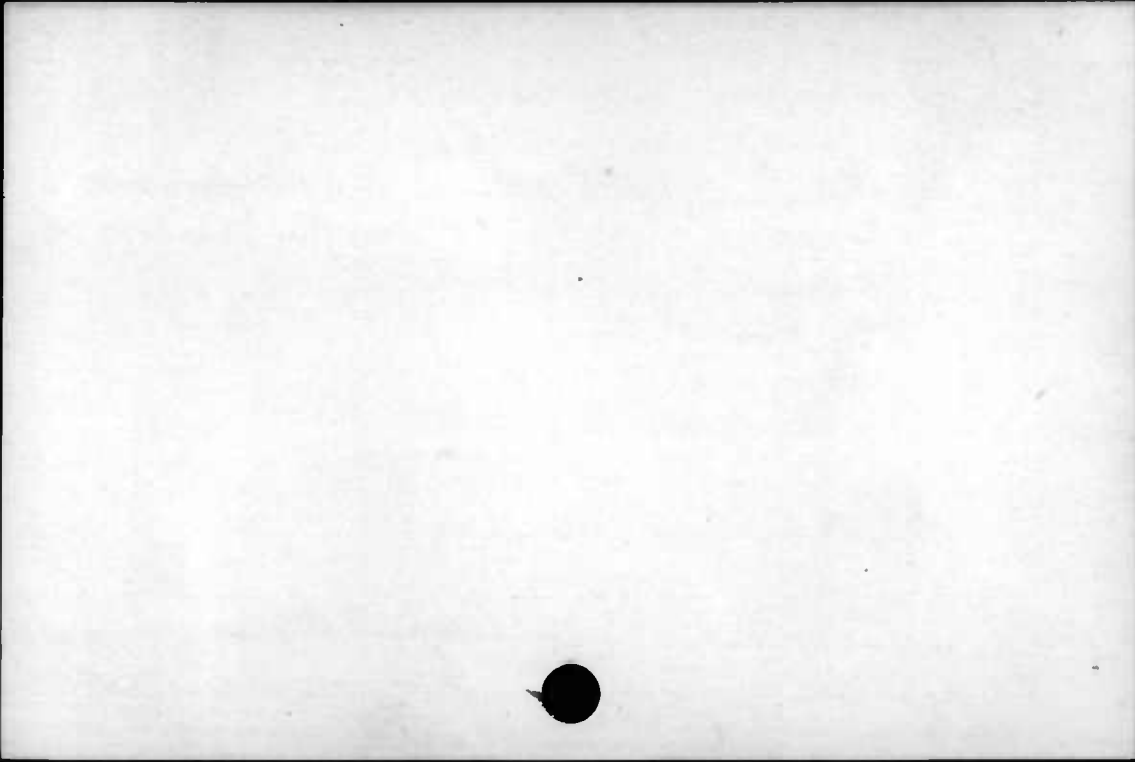
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> <sup>Town</sup>		<i>Baltimore Co</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>20<sup>th</sup></i> <sup>Years</sup> <i>48</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baltimore</i>	
Married, <del>Single</del> <i>Married</i> <del>or Widowed</del>		Occupation <i>Housewife</i>			
Name of Wife or Husband _____					
Father's Name _____				Father's Birthplace _____	
Mother's Maiden Name _____				Mother's Birthplace _____	
Name of person giving Information <i>Records of Mt Hope Retreat</i>				How related to deceased _____	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Melancholia - Post Menopause</i>		How long _____
Immediate <i>Ex - Gen. Paralysis - 68</i>		How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>		Signature of Physician <i>Frank J. Flannery</i>
_____		Address <i>Mt Hope Retreat</i> <i>Baltimore Co Md -</i>
Accident or Suicide? <i>— 9</i>		



Name  
in  
Full

Walter J. Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1903</i>	Month <i>June</i>	Day <i>1</i>	Years <i>21</i>	Months Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Catonsville</i>		
Occupation <i>Barber</i>		Where Residing if not at place of death <i>560 Prossman St Baltimore</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Nannie Lewis</i>				
Father's Name <i>Abraham Lewis</i>		Father's Birthplace <i>Catonsville</i>			
Mother's Maiden Name <i>Larima Rogers</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Beng. Watkins / cold</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carbolic Acid Poisoning</i>	How long
Immediate <i>155</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Nearmy B. Whiteley, Coroner</i>
<i>9</i>	Address <i>Catonsville, Md</i>
Accident or Suicide?	





Name  
in  
Full

C. Ellen Lynch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 1903	Month <i>6<sup>th</sup></i>	Day <i>3<sup>rd</sup></i>	Age <i>32</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>West Grove Pa.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Daughter of Farmer -</i>				
Name of Wife or Husband _____							
Father's Name _____				Father's Birthplace _____			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information <i>Records of Mt Hope</i>				How related to deceased _____			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania Periodical - 68.</i>	How long _____
Immediate <i>Ex Pul. Tuberculosis</i>	How long <i>abt 1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Balto Co Md.</i>
Accident or Suicide? <i>9</i>	



Name  
in  
Full

Catherine McLaughlin-

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Baltimore

MARYLAND

Date of death 1903 June 18<sup>th</sup> Day 18<sup>th</sup> Age 68- Years 6 Months Days

Sex Female Color or Race White Birth-place Ireland

Married, Single ~~or~~ Widowed Widow Occupation Widow of Carpenter

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information Records of Mt Hope

How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mania Severe - 68 How long 9 or 10 mos.

Immediate Ex-Gastritis - (Eulenteria) a few hrs -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Frank J. Flannery  
Mt Hope Retreat  
Baltimore Co Md.



Name in Full		Chas. J. Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Canton		Baltimore		MARYLAND	
	Date of death 1903	Month	Day	Years	Months	Days	
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed	Married		Occupation		Laborer	
	Name of Wife or Husband	Catharine Brecht					
	Father's Name	don't know				Father's Birthplace	Germany
	Mother's Maiden Name	don't know				Mother's Birthplace	Germany
Name of person giving information	Frank Martin				How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Injury				How long	166
	Immediate	Ischic rectal Abscess				How long	9 weeks
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				J. A. Melwei, M.D.		
	Address				[Redacted]		
Accident or Suicide? — J							

Sacred Heart Cemetery

June 30<sup>th</sup> 1903

Germanus France

Underlain

Name  
in  
Full

Dana. De V. Mehrmann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hamilton</i>		<sup>County</sup> <i>Balto.</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>June</i>	Day <i>14</i>	Age <i>24</i>	Months <i>11</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Jeweler</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joseph Mehrmann</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Leona N. Stevenson</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving Information <i>Leona N. Mehrmann</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	<i>1520</i>	How long <i>about 1 yr.</i>
Immediate <i>Uremia (Convulsions)</i>		How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. L. Leeke MD</i>
		Address <i>31 Milton Ave.</i>
Accident or Suicide? <i>No</i>		<i>Balto. Md.</i>

9





Name in Full

Certificate of Death

Miller

Died at *Spencer's Point* Town *Baltimore* County *MARYLAND*

Date 19 *03* Month *June* Day *29* Y. M. D. Native of *ind* Occupation *None*  
 Male *White* Married *Widow* Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband  
of  
Wife

Father's Name *Carroll Miller* Mother's Maiden Name *Emma Motter*

Cause of Death { Primary *Pneumonia* | 151 | How long sick *4 1/2 hours*  
 Immediate *Pneumonia* | ~~Accident, Suicide, Homicide~~

Reported by

*Herleed. M. D.*

Address

*9* *Spencer's Point*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Augusta Muhl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt Winans		County Balto		MARYLAND		
Date of death 190	3	Month June	Day 3	Age 75	Years 8	Months	Days	
Sex	Female		Color or Race	White		Birth- place	Germany	
<del>Married, Single or Widowed</del>			Widow		Occupation			nurse
Name of Wife or Husband			Louis B. Muhl					
Father's Name			K		Father's Birthplace			Germany
Mother's Maiden Name			—		Mother's Birthplace			"
Name of person giving In formation			Mrs. Pauline Kelley			How related to deceased		Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	old age		How long	6 mos
Immediate	Exhaustion		How long	154
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Z B Hall	
			Address	
			Mt Winans	
Accident or Suicide?		9	md	

112 W Mulberry St.

Name  
in  
Full

Martha O Keefe

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
1st Hope Retreat		Baltimore Co					
Date	Month	Day	Years	Months	Days		
of death 1903	June	28th	Age 74				
Sex	Female		Color or Race	White		Birth-place	
Married, Single or Widowed	Single		Occupation				
		Sister of Charity					
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						How related to deceased	
Records of 1st Hope							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pul. Phthisis	27	How long	
Immediate	Ex		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Frank J. Flannery	
			Address	
			1st Hope Retreat	
			1st Hope Md	
Accident or Suicide?				

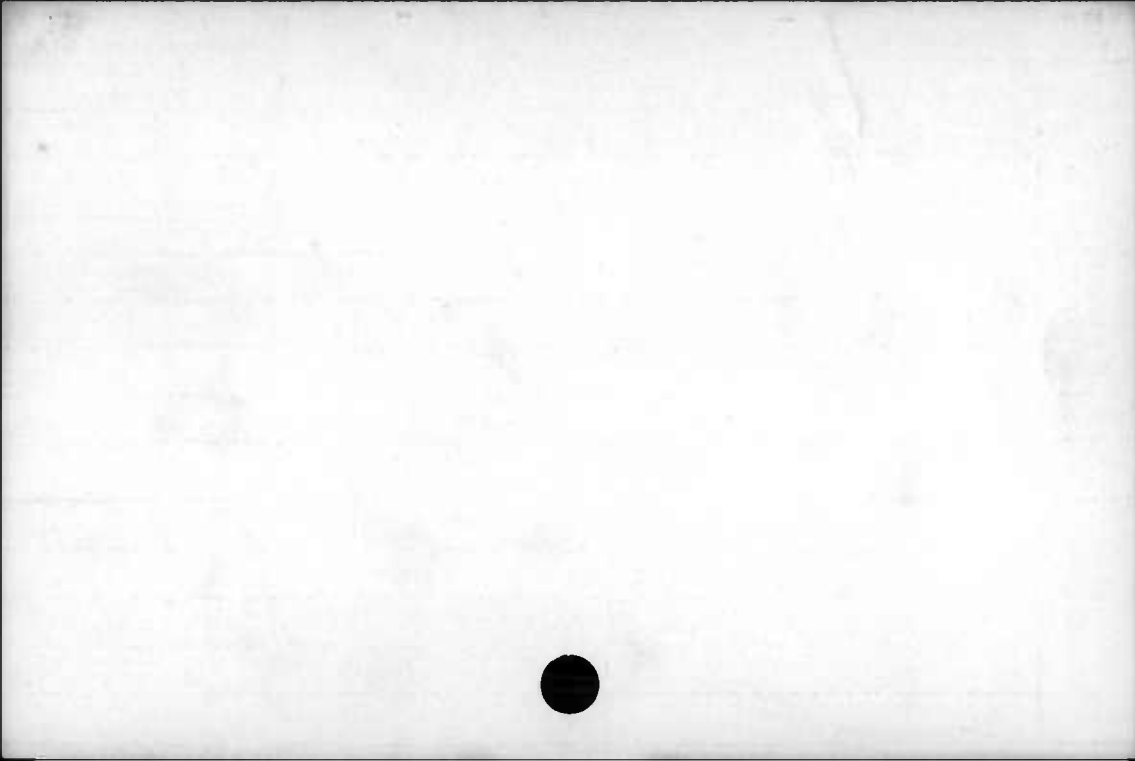
Stewart & Mowen  
Undertakers

Place of Burial Private  
Cemetery Mt. Hope Retreat  
Balto Co. Md.

Date of Burial June 30<sup>th</sup> 1903

TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Parrish, Edward</i>				CERTIFICATE OF DEATH			
	Died at <i>Leutensville</i> <sup>Town</sup>				<i>Bulter</i> <sup>County</sup>			
	Date of death 190 <i>3</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>19</i> <sup>Years</sup> <i>34</i>				Months		Days	
	Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>			
	Married, Single or Widowed <i>Single</i>		Occupation <i>None.</i>					
	Name of Wife or Husband <i>X</i>							
	Father's Name <i>X</i>						Father's Birthplace <i>X</i>	
Mother's Maiden Name <i>X</i>						Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>						How related to deceased <i>X</i>		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Epileptic Insanity</i>	How long <i>23 years.</i>
	Immediate	<i>Status Epilepticus</i>	How long <i>1 hour.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Percy Wade</i>
			Address <i>Leutensville, Ind.</i>
	Accident or Suicide? <i>No</i>		





Name  
in  
Full

Theodore Hagerman Rice

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Parkville</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 1903	<u>June</u> <sup>Month</sup>	<u>20<sup>th</sup></u> <sup>Day</sup>	Age <u>59</u> <sup>Years</sup>	<u>3</u> <sup>Months</sup>	<u>1</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Toll-Gate Keeper.</u>				
Name of Wife or <u>Sallie A. Rice.</u> <del>Husband</del>					
Father's Name <u>James Rice</u>			Father's Birthplace <u>VA</u>		
Mother's Maiden Name <u>Elizabeth G. Larkin</u>			Mother's Birthplace <u>Virginia.</u>		
Name of person giving Information <u>Sallie A. Rice.</u>			How related to deceased <u>Wife.</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Nephritis with Cerebral</u>	How long	<u>11 weeks.</u>
Immediate	<u>Complications.</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>H. J. Harrison.</u>	
		Address <u>Lock Raven.</u>	
Accident or Suicide? <u>J</u>			

8



Name  
in  
FullUnnamed Infants *Richardson*

## CERTIFICATE OF DEATH

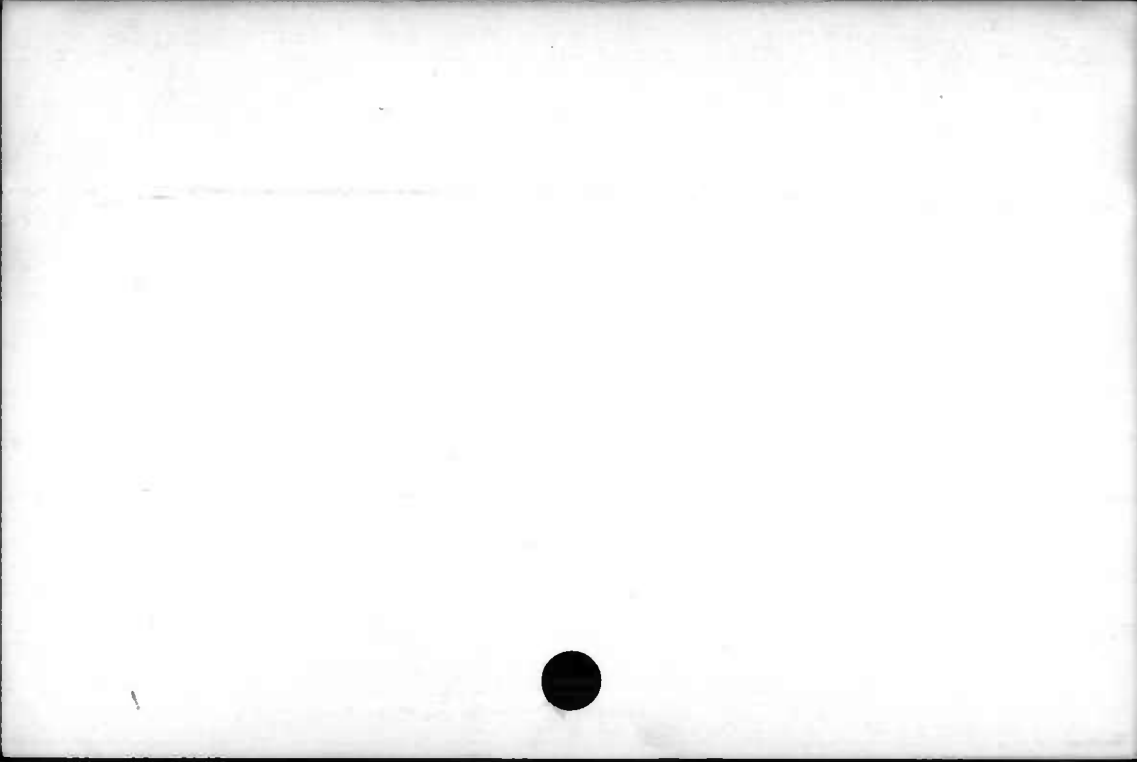
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>White Marsh</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>June</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Richardson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Eliza M. Vincent</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Mrs R. Vincent</i>			How related to deceased <i>Grandmother</i>		

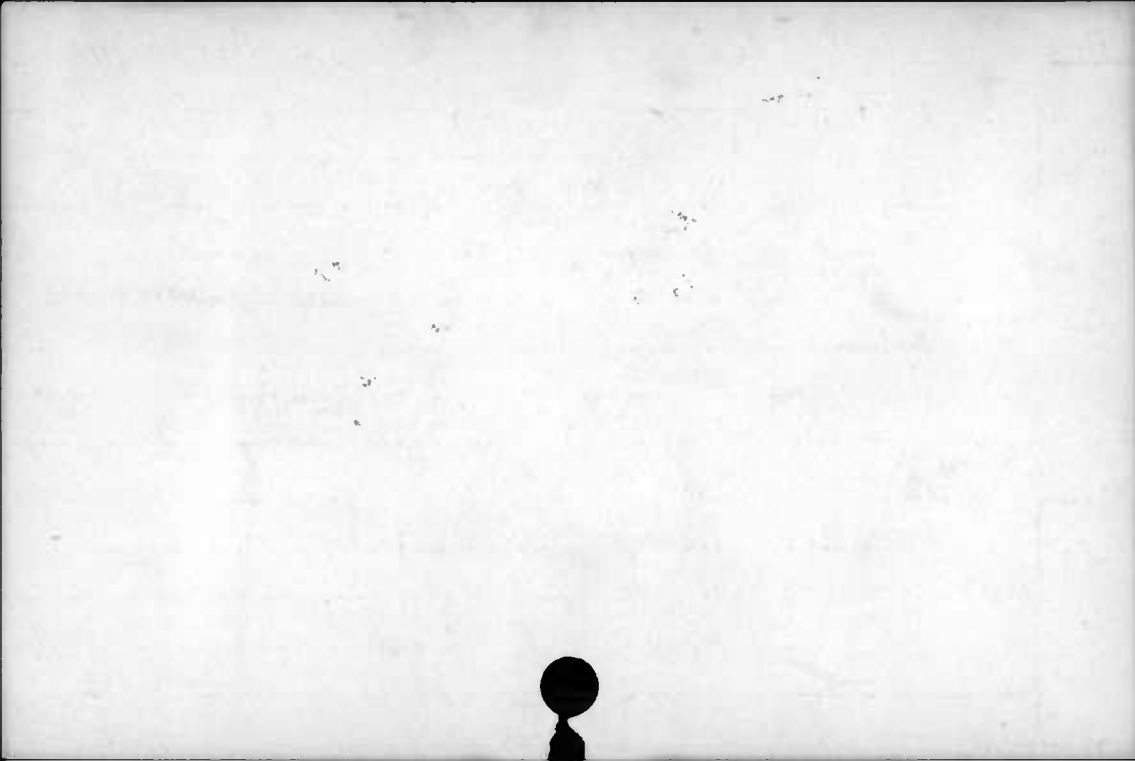
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Hannon</i>
	Address <i>Middle River Md</i>
Accident or Suicide? <i>—</i>	



Name in Full		Clara Rittler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Catonsville		County Baltimore		MARYLAND	
		Date of death 1903	Month June	Day 6	Age Years 67	Months	Days
		Sex Female		Color or Race white		Birth- place Germany	
		Married, Single or Widowed			Occupation none		
		Name of Wife or Husband Wm H Rittler					
		Father's Name			Father's Birthplace		
		Mother's Maiden Name			Mother's Birthplace		
PHYSICIAN OR CORONER		Name of person giving In formation			How related to deceased		
		CAUSES OF DEATH					
		Primary Cerebral Hemorrhage			How long		
		Immediate Pneumonia			How long 3 days		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		yes		W. Rushmer White			
		J		Address Richard Gundy Home Catonsville, M.D.			
		Accident or Suicide?					



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Perry Hall.</i>		Town <i>Baltimore.</i>		County <i>Baltimore.</i>
	Date of death 1903	Month <i>June</i>	Day <i>20<sup>th</sup></i>	Age <i>40</i>	Years <i>8</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Baltimore Co.</i>	Months <i>10.</i>	Days
	Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer.</i>			
	Name of <del>Wife</del> Husband <i>Elizabeth M. Plummer.</i>	Father's Birthplace <i>Germany.</i>			
	Father's Name <i>Edward Plummer.</i>	Mother's Birthplace <i>Germany.</i>			
	Mother's Maiden Name <i>Catherine E. Eiford.</i>	How related to deceased <i>Wife</i>			
Name of person giving information <i>Elizabeth Koch.</i>					
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Abdominal Cancer.</i>		How long <i>About a year.</i>		
	Immediate <i>Dropsy.</i>		How long <i>About 3 weeks.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>H. J. Harrison.</i>		
			Address <i>Lock Raven.</i>		
	Accident or Suicide? <i>J</i>				

St. Joseph's Church Cemetery

7



Name  
in  
Full

Sarah A Rogers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		County <i>Baltimore Co</i>		MARYLAND	
Date of death 190	Month <i>3 June</i>	Day <i>26</i>	Years <i>47</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Married, Single or Widowed <i>widow</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Reids of Mt Hope</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>68</i>
Immediate <i>Ex - Sen Anasarca -</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
<i>I</i>	Address <i>Mt Hope Retreat - Balt Co Md.</i>
Accident or Suicide? <i>I</i>	

Presbyterian Cemetery  
Lafayette

Wm Cook  
502 E 4th Ave

Name

In Full

Agnes Cordellia Schaffer  
 Highland Balto

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 190

30

Month

6

Day

14

Age

Years

Months

Days

7

Sex

Female

Color or Race

White

Birth-place

Balto Co

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name

Harry Schaffer

Father's Birthplace

Carroll co

Mother's Maiden Name

Lizzie Walsh

Mother's Birthplace

Carroll co

Name of person giving information

George Weirhold

How related to deceased

friend

## CAUSES OF DEATH

Primary

Asthenia 151

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

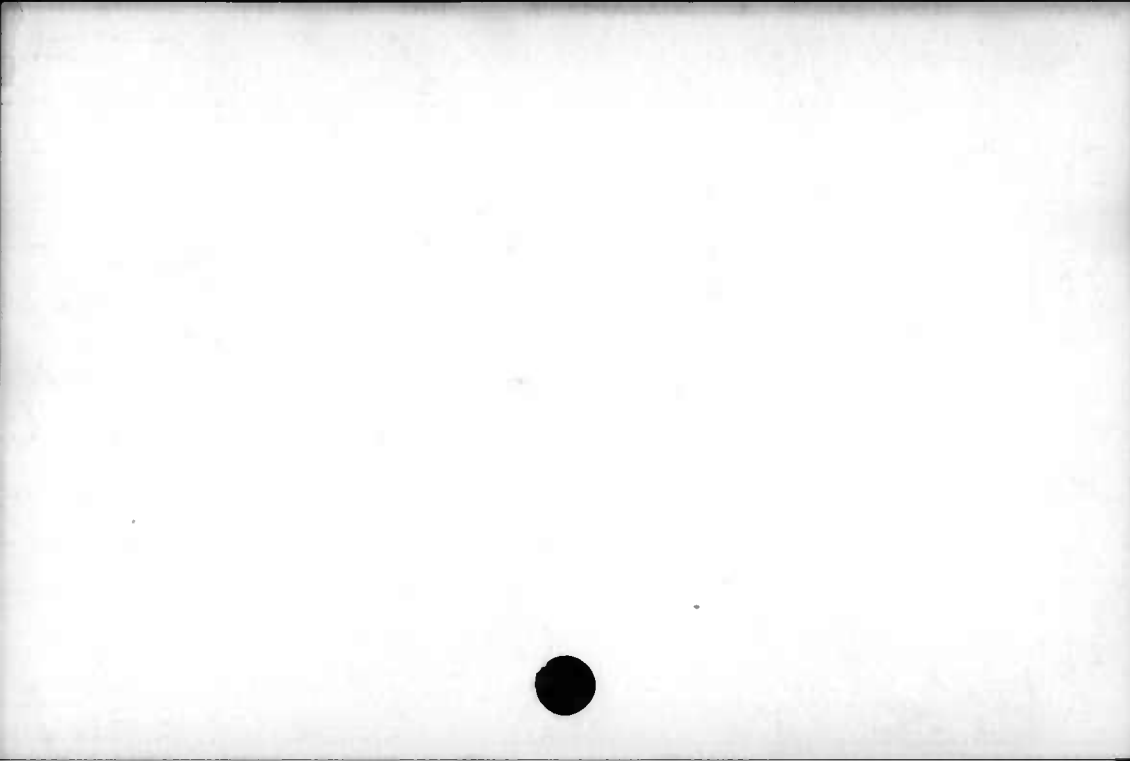
Signature of Physician

Address

J. E. Schofield  
 1400 First St

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Barbara Seiler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catpaw Neck</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>June</i>		Day <i>13</i>		Age <i>44</i>		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months		Days	
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Natural Causes</i>		How long	
Immediate <i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of <i>John E Mueller Coroner</i>	
		Address <i>216 O'Donnell St</i>	
Accident or Suicide? <i>9</i>			

Barbara Sealer

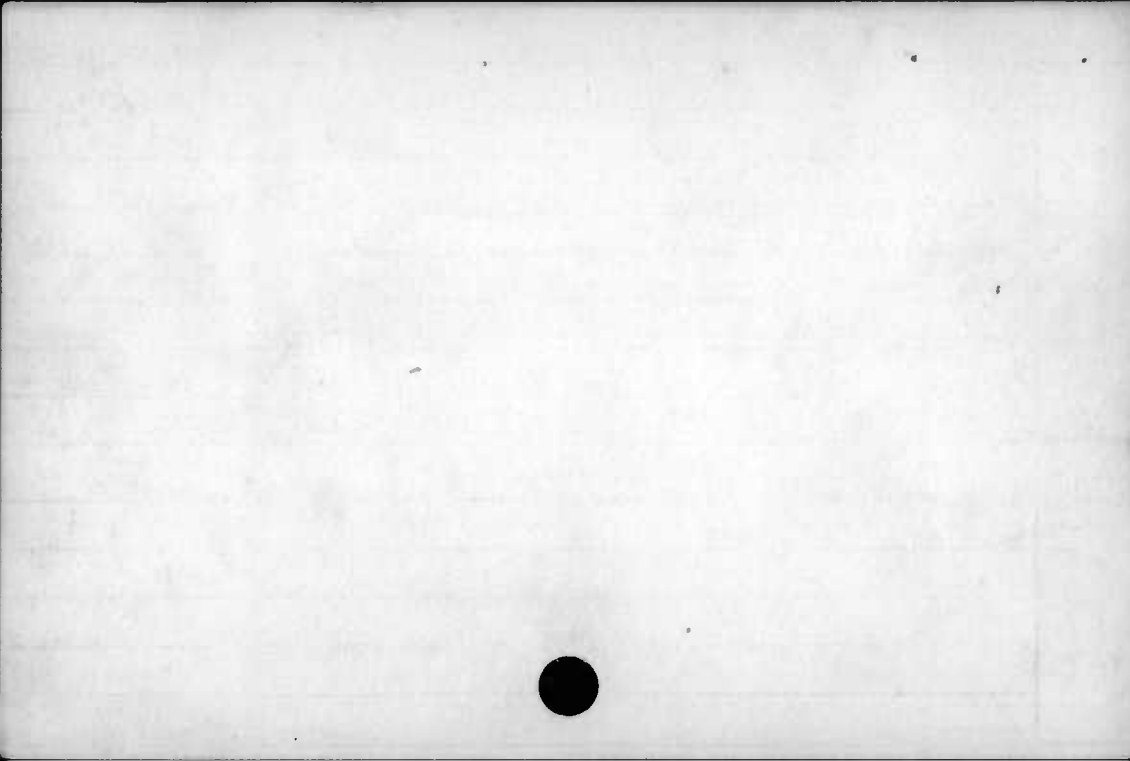
44

Sealer

1<sup>st</sup> Circumlocution

Landu Son

Name in Full		Pearl Schieb.				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Hulbrite <sup>Town</sup>		County		Baltimore		MARYLAND	
		Date of death 1903		June		Day		28		Age	
		Sex		Female		Color or Race		White		Birth-place	
		Married, Single or Widowed		—		Occupation		—			
		Name of Wife or Husband									
		Father's Name		Wm. J. Schieb		Father's Birthplace		Baltimore			
		Mother's Maiden Name		Emma L. Lester		Mother's Birthplace		Baltimore			
Name of person giving information		Wm. W. Lester		How related to deceased		Grand Father					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Still born				How long		—	
		Immediate		—				How long		—	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of		August W. Miller coroner			
		Address		Mr. Winans							
Accident or Suicide		—									





Name

in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Gardenville* Town *Pack* CountyDate of death 190 *3* June Month *30* Day Age *45* Years Months DaysSex *male* Color or Race *white* Birth-place *Germany*Married, Single or Widowed *married* Occupation *Farmer*Name of Wife or Husband *Amelia D. Dier*

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information *Mary Dier*How related to deceased *Daughter*

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide

*suicide*

10



Name  
in  
Full

Maurie Silberstein

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

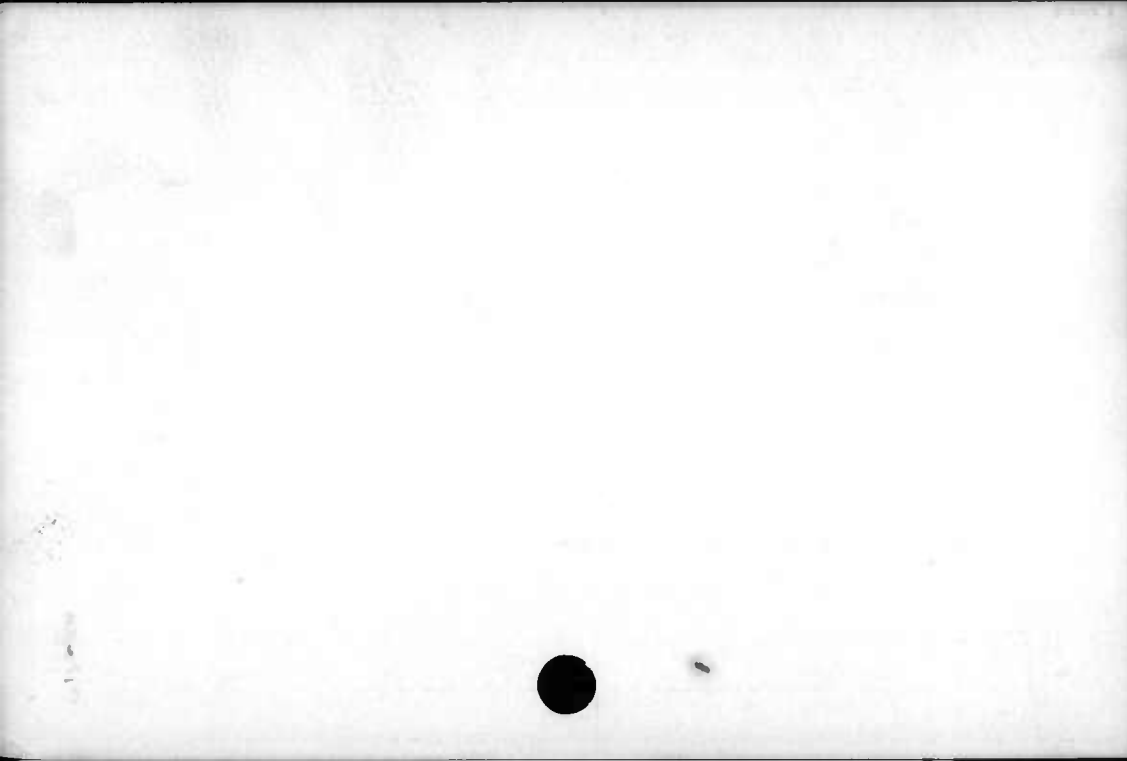
Died at		Town Lonsdowne		County Baltimore		MARYLAND	
Date of death 190	3	Month June	Day 10	Age Years	1	Months	0
Sex	female		Color or Race	white-		Birth- place	Balt Co. Md.
Married, Single or Widowed		Infant		Occupation			
Name of Wife or Husband							
Father's Name				Louis Silberstein			
Mother's Maiden Name				Ida Silberstein			
Name of person giving In formation				Ida Silberstein			
Father's Birthplace				Russia			
Mother's Birthplace				Russia			
How related to deceased				mother			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	2 days.
Immediate	collapse & exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank H. Ruhl	
Address		Lonsdowne, Md.	
Accident or Suicide?			



Name in Full

Certificate of Death

Emma J. Slack

Town

County

MARYLAND

Died at Arlington Baltimore

Date 1903 6 4 Age 29 Y. M. D. Native of Md Occupation Dressmaker

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of

Wife

Father's Name Mrs. Slack

Mother's Name unknown

Cause of Primary Apoplexy

Death Immediate Exhaustion

How long sick 3

Accident, Suicide, Homicide

Reported by Edwin E. Jones

Address Arlington Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jos. B. Cook  
1003. X Ball St<sub>4</sub>

Emma J. Slack

Western Conn.

Name in Full

Certificate of Death

William Smith.

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

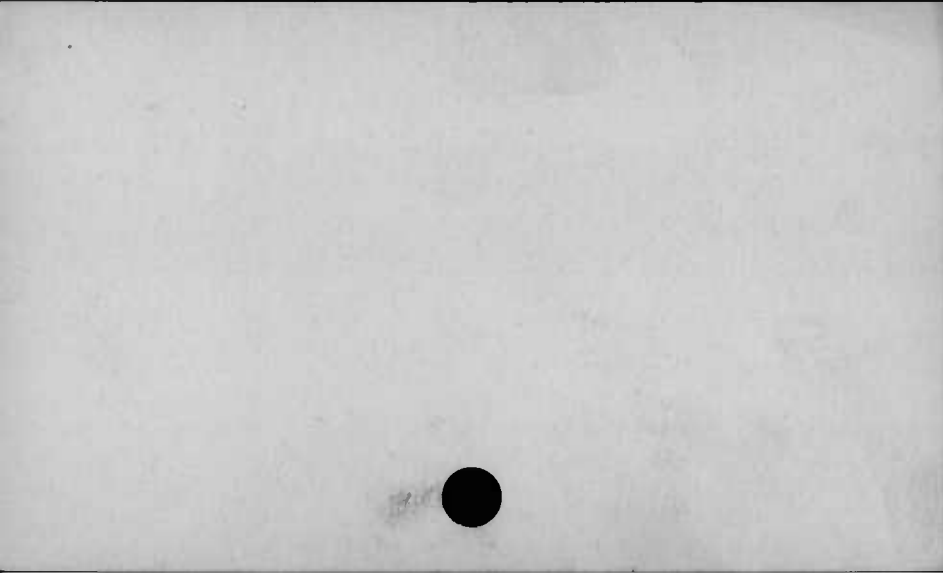
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Buckleyville

County

Balto.

MARYLAND

Date

of death 190

3

Month

6

Day

14<sup>th</sup>

Age

Years

78

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Balto. Co.,

Married, Single  
or Widowed

Married

Occupation

Farm work

Name of Wife or  
Husband

Sarah Stiffler

Father's  
Name

Peter Stiffler

Father's  
Birthplace

Don't know

Mother's  
Maiden Name

Elizabeth Bullings

Mother's  
Birthplace

Don't know

Name of person giving  
information

Sarah Stiffler

How related  
to deceased

Wife

## CAUSES OF DEATH

1920

PHYSICIAN  
OR CORONER

Primary

Bright's Disease and heart trouble

How long

1 to 2 yrs.

Immediate

Heart failure Superinduced by the above and age

How long

2 to 3 months

Are the name, age, sex, color, date  
and place correctly given above?

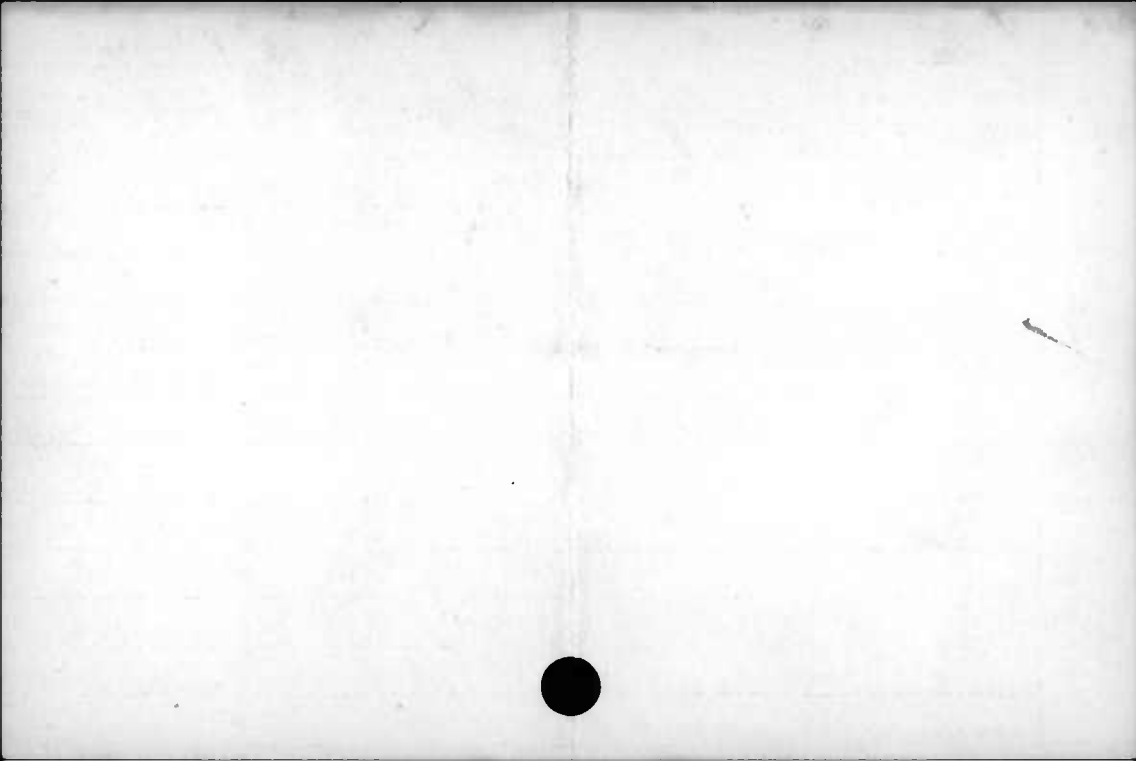
(Yes)

Signature of  
Physician

Address

J. B. Harris MD  
Buckleyville  
Md

Accident or Suicide?



Name  
in  
Full

Sarah Sutton

## CERTIFICATE OF DEATH

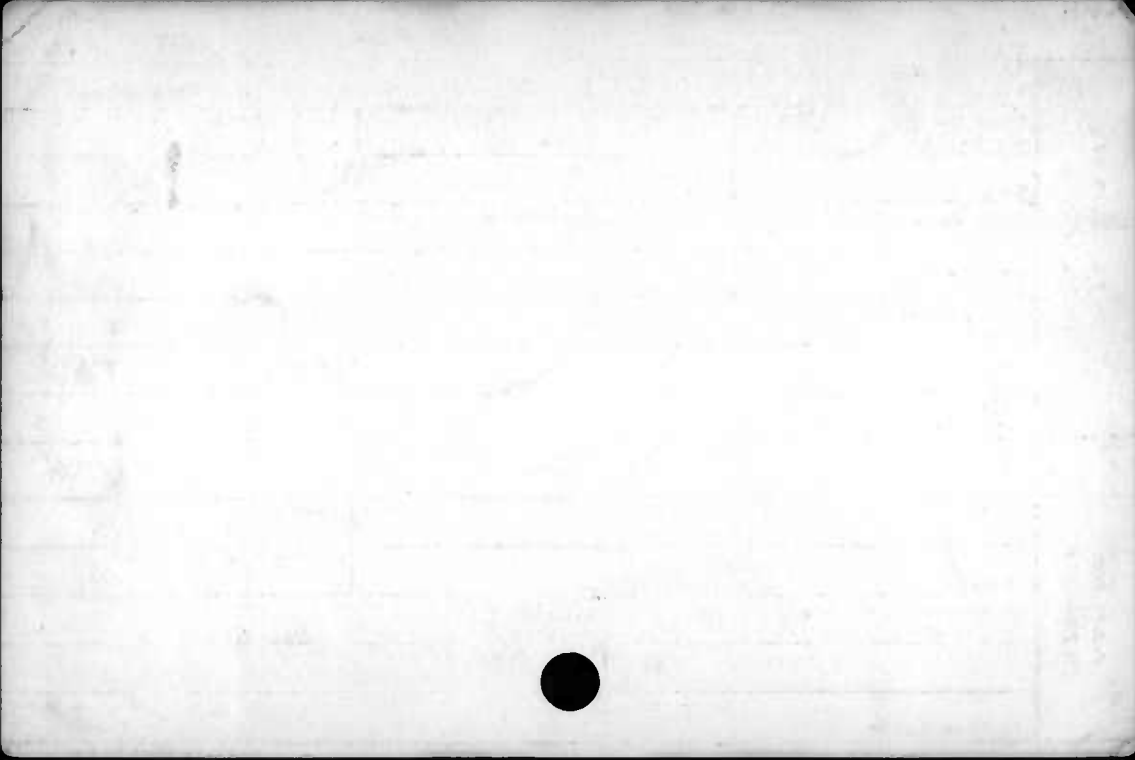
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Wmns		<sup>County</sup> Baltimore		MARYLAND	
Date of death 1903	Month June	Day 28	Age 56	Months	Days
Sex Female	Color or Race Black		Birth-place Virginia		
<del>Married, Single or Widowed</del>			Occupation none		
Name of <del>Wife or</del> Husband Gabriel Sutton					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information Anderson Young			How related to deceased Son in Law		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis	How long	1 yr
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Frank H. Ruhl M.D.	
yes		Address Lansdowne Baltimore	
9			
Accident or Suicide?			



Name in Full

Certificate of Death

James Webster Swan

Town

County

Died at

Morton

Baltimore

MARYLAND

Date 19

03

Month

June 21

Day

Y.

M.

D.

Age

19 2 22

Native of

Md

Occupation

Labourer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Sandy Swan

Mother's

Maiden Name

Fannie Jones

Cause of

Primary

Typhoid fever

How long sick

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

J. J. Payne M.D.

Address

Corbett Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

John W Thomas


## CERTIFICATE OF DEATH

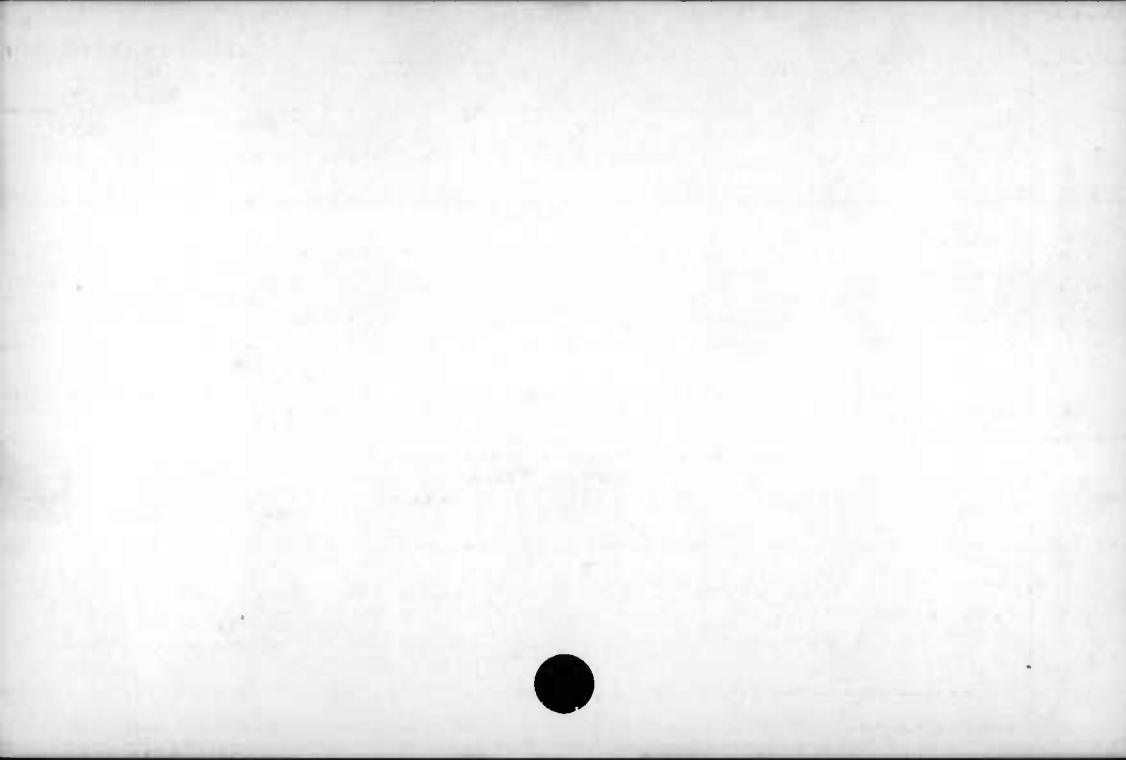
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Calonsville</u> <sup>Town</sup>		<u>Walden</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u> <sup>Month</sup>	<u>June</u> <sup>Day</sup>	<u>27</u> <sup>Years</sup>	<u>5</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>Col'd</u>	Birth-place	<u>Md</u>
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<u>John W Thomas</u>			<u>Md</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Rosa Randle</u>			<u>Md</u>		
Name of person giving information			How related to deceased		
<u>Rosa Randle</u>			<u>97</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Brancho Pneumonia</u>	How long	<u>and cough</u>
Immediate	<u>Pulmonary Oedema</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<u>D W. Stultz M.D.</u>	
		Address	
			
Accident or Suicide?			
<u>9</u>			





Name  
in  
Full

## CERTIFICATE OF DEATH

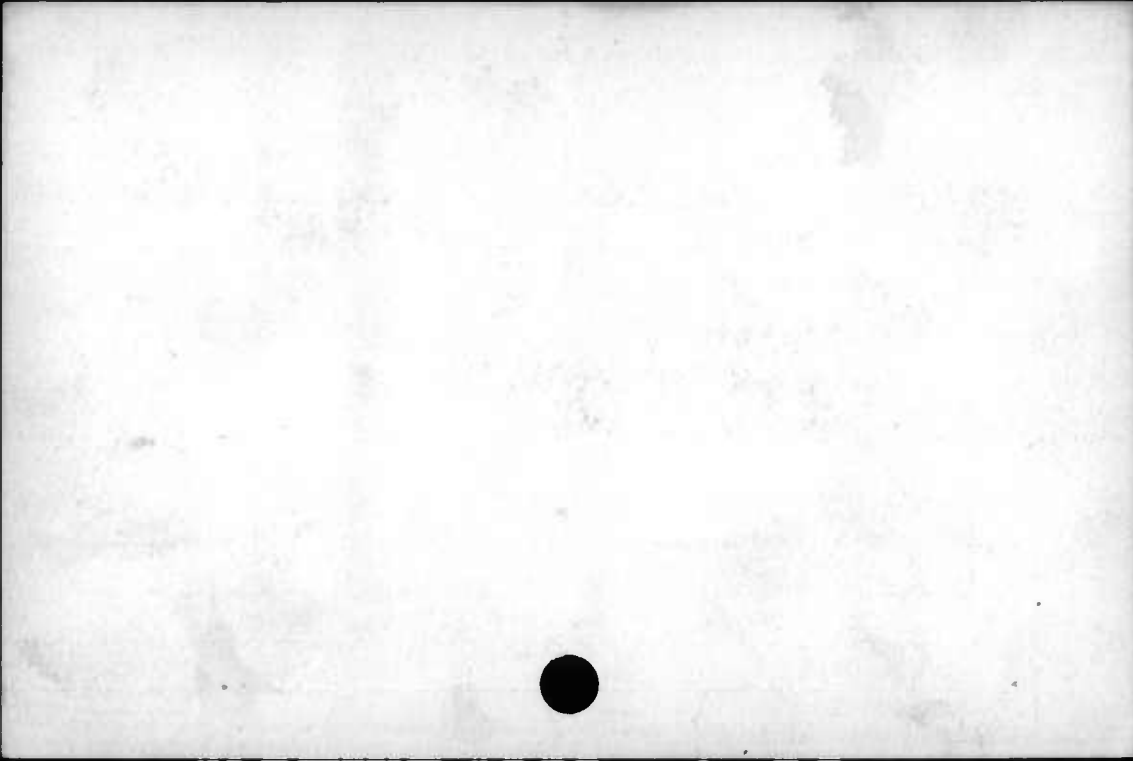
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Walter Harrison Tracey</i>		Town <i>Parkton</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Parkton</i>		Month <i>6</i>		Day <i>17</i>		Years <i>23</i>	
Date of death 190 <i>3</i>		Months <i>5</i>		Days <i>—</i>		Age <i>23</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>		Occupation <i>Labor</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Name <i>J. Edward Tracey</i>		Father's Birthplace <i>md.</i>	
Mother's Maiden Name <i>Laura V Morris</i>		Name of person giving information <i>J. Edward Tracey</i>		Mother's Birthplace <i>md.</i>		How related to deceased <i>father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Don't know</i>		How long <i>76</i>	
Immediate <i>Attended by Dr. E. W. Hayden</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Parkton md</i>		Signature of Physician <i>R. R. Harris</i>	
Address <i>Parkton md</i>		Accident or Suicide? <i>J</i>	



Name  
in  
Full

Lea Lager

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Livson</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>9</i>	Age <i>24</i> Years	Months <i>6</i>	Days <i>13</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
<del>Married, Single</del> <del>or Widowed</del>			Occupation <i>Scandrio</i>		
Name of Wife or Husband <del>Lea</del>					
Father's Name <i>Henry Lager</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Caroline Schütz</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Frank R. Riell</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>	How long <i>one year &amp; a half</i>
Immediate <i>Ashtenia</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank R. Riell</i>	
	Address <i>Livson</i>	
Accident or Suicide? <i>9</i>	<i>md</i>	

*Handwritten text, possibly a signature or date, mostly illegible due to fading.*

*Small handwritten marks or initials in the bottom left corner.*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sudbrook Park</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Sudbrook Park</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Dr. David Mott</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Kate R. Chisum</i>				Mother's Birthplace <i>S. C.</i>			
Name of person giving information				How related to deceased <i>Father</i>			

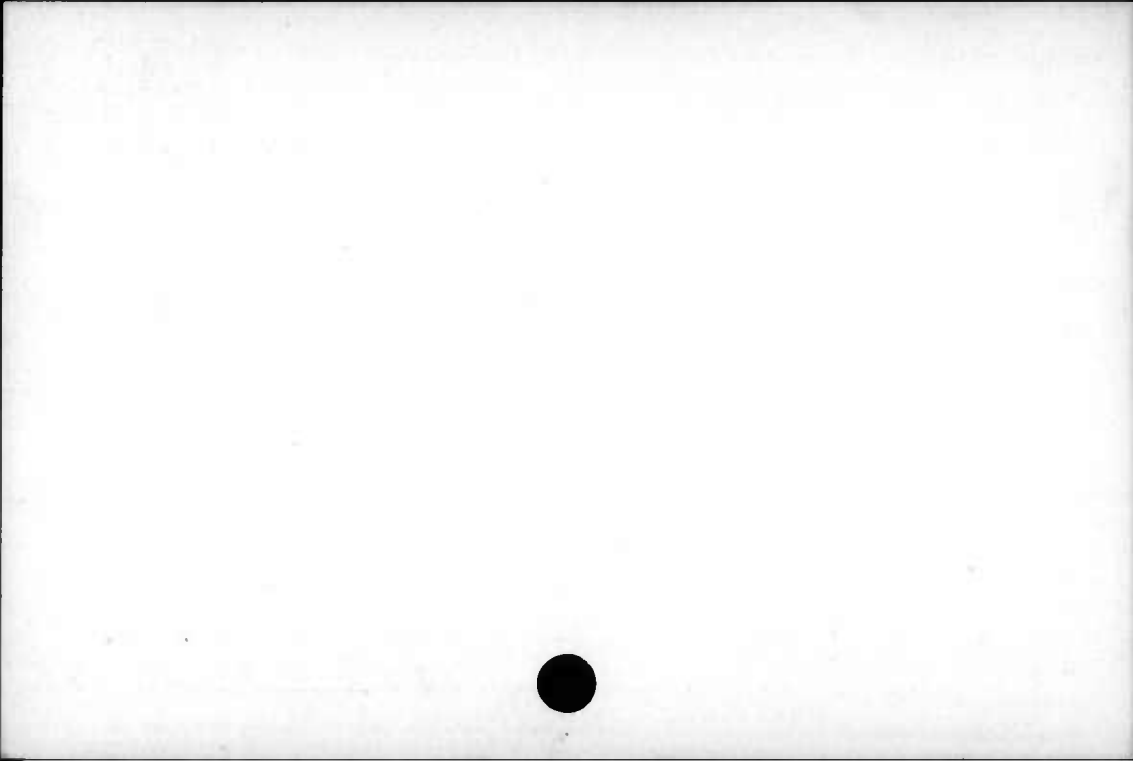
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Compression of Brain following</i>	How long <i>24 hours</i>
Immediate <i>neuralgia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. Whitridge Williams</i>
<i>9</i>	Address <i>1124 Cathedral St. Balto.</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Glen Morris</i>				<i>Baltimore</i>				MARYLAND	
		Date of death 1903		Month <i>June</i>		Day <i>16</i>		Age <i>76</i>		Years Months Days	
		Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Batts Co Md</i>					
		Married, Single or Widowed <i>Widower</i>				Occupation <i>Carpenter</i>					
		Name of Wife or Husband <i>Deceased</i>									
		Father's Name <i>Mrs. Whiteford</i>				Father's Birthplace <i>Batts Co Md</i>					
		Mother's Maiden Name <i>Bartholomew</i>				Mother's Birthplace <i>Batts Co Md</i>					
		Name of person giving information <i>Gilbert H Whiteford</i>				How related to deceased <i>Son</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Hemorrhage from lungs</i>				How long <i>3 days</i>					
		Immediate <i>Hemorrhage from lungs</i>				How long <i>Suddenly</i>					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>Thos Price</i>					
		Yes <i>9</i>				Address <i>Hynden Md.</i>					
		Accident or Suicide? <i>9</i>									





Name in Full		Charles Wiegand				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton	County Balto		MARYLAND	
	Date of death 190	3	Month June	Day 7	Age 34	Years 10	Months —
	Sex	Male		Color or Race	White		Birth-place Germany
	Married, Single or Widowed		Married		Occupation		
	Name of Wife or Husband		Louisa Wiegand				
	Father's Name		Henry		Father's Birthplace		Germany
	Mother's Maiden Name		—		Mother's Birthplace		Germany
Name of person giving information		Henry Wiegand		How related to deceased		Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long 27	
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Albertus Collins
					Address		1828 E. Balto. St.
	Accident or Suicide?						

Dr Cotton

H Sander & Sons  
MV Carmel

Name  
in  
Full

## CERTIFICATE OF DEATH

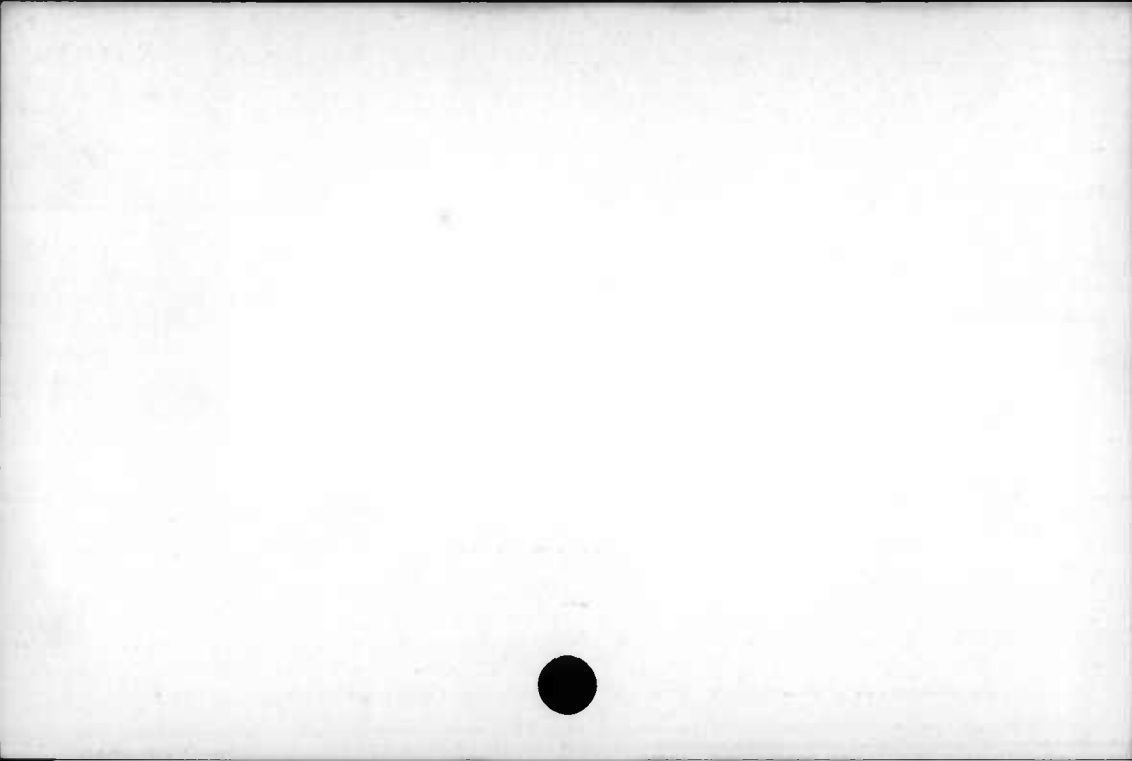
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>June</i> <small>Month</small>	<i>29</i> <small>Day</small>	Age <i>35</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>X</i>					
Father's Name <i>X</i>			Father's Birthplace <i>X</i>		
Mother's Maiden Name <i>X</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>X</i>			How related to deceased <i>X</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Paresis</i>	How long <i>18 mos.</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Gray Wade</i>
<i>2</i> <i>No</i>	Address <i>Baltimore Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Catharine Wolferman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <u>June</u>	Day <u>20</u>	Age <u>      </u>	Months <u>6</u>	Days <u>      </u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth- place <u>MD</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>      </u>					
Father's Name <u>John Wolferman</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Kate Heiber</u>			Mother's Birthplace <u>MD</u>		
Name of person giving in formation <u>John Wolferman</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Gastro Enteritis</u>	How long <u>3 weeks</u>
Immediate <u>Ephoriation</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Schwatka M.D.</u>
<u>9</u>	Address <u>2422 Fair Ave</u>
Accident or Suicide? <u>No</u>	

Trinity Cemetery

June 22<sup>nd</sup> 1903

Germanus France

Undertaker

Name  
in  
Full

Elizabeth French Wood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrows Point</i> <small>Town</small>		<small>County</small>		<b>MARYLAND</b>	
<b>Date</b> of death 190 <i>3</i> <small>Month</small>	<i>June</i> <small>Day</small>	<i>2</i> <small>Years</small>	<i>84</i> <small>Months</small>	<i>3</i> <small>Days</small>	<i>29</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>New Hampshire</i>	
Married, Single or Widowed <i>Widow</i>		Occupation <i>—</i>			
Name of <del>Wife</del> or Husband <i>William Wood</i>					
Father's Name <i>Moses Shidder</i>				Father's Birthplace	
Mother's Maiden Name <i>Rachel S. Shidder</i>				Mother's Birthplace	
Name of person giving information <i> Rufus H. Wood</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis (Hemiplegia)</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Woodward, M.D.</i>
	Address <i>Sparrows Point, Md.</i>
Accident or Suicide?	

